TAHOE FOREST HOSPITAL DISTRICT

2018-05-24 Regular Meeting of the Board of Directors

Thursday, May 24, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2018-05-24 Regular Meeting of the Board of Directors

5/24/18 Agenda Packet Contents

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, May 24, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

4. **INPUT AUDIENCE**
   This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION**
   - **5.1. Hearing (Health & Safety Code § 32155)◈**
     Subject Matter: First Quarter 2018 Service Excellence Report
     Number of items: One (1)
   - **5.2. Report Involving Trade Secrets (Health & Safety Code § 32106)**
     Discussion will concern: potential new service
     Estimated date of disclosure: December 2018
   - **5.3. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**
     Number of Potential Cases: One (1)
   - **5.4. Approval of Closed Session Minutes◈**
     04/26/2018
   - **5.5. TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155)◈**
     Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**
   APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

8. **REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

9. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

10. **INPUT – AUDIENCE**
    This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board President may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

◈ Denotes Action Item

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

12. ACKNOWLEDGMENTS

12.1. May 2018 Employee of the Month .....ATTACHMENT
12.2. Nurses of Excellence .....ATTACHMENT

13. MEDICAL STAFF EXECUTIVE COMMITTEE◈

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda .....ATTACHMENT

MEC recommends the following for approval by the Board of Directors: *Annual Review and approval of policies and medical staff privilege forms: Anesthesiology, Otolaryngology/ENT, Dentistry, Obstetrics/Gynecology, Ophthalmology, Oral & Maxillofacial, Orthopedics, Pain Medicine, Podiatry, Radiology, Urology, Annual Clinical Quality Indicators, Clinical Laboratory, Quality Plan, Pharmacy Policies*

14. CONSENT CALENDAR◈

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

14.1. Approval of Minutes of Meetings

14.1.1. 04/26/2018 .....ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – April 2018.....ATTACHMENT

14.3. Staff Reports

14.3.1. CEO Board Report .....ATTACHMENT
14.3.2. COO Board Report.....ATTACHMENT
14.3.3. CNO Board Report.....ATTACHMENT
14.3.4. CIIO Board Report .....ATTACHMENT
14.3.5. CMO Board Report.....ATTACHMENT
14.3.6. Legislative Report.....ATTACHMENT

14.4. Policy Review

14.4.1. ABD-04 Board of Directors Qualifications .....ATTACHMENT
14.4.2. CEO Job Description .....ATTACHMENT

15. ITEMS FOR BOARD ACTION◈

15.1. IM/Cardiology Remodel Project Bids and Contracts .....ATTACHMENT

The Board of Directors will consider for approval the IM/Cardiology remodel bid package as presented.

15.2. Resolution Requesting Election Services.....ATTACHMENT

The Board of Directors will consider for approval a resolution requesting election services from Nevada County and Placer County.

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

16.1.1. Rural Center of Excellence Presentation.....ATTACHMENT

◈ Denotes Action Item

The Board of Directors will receive information on criteria for Rural Center of Excellence designation.

16.1.2. Telemedicine Presentation – Part II .....ATTACHMENT
The Board of Directors will receive a follow up presentation on telemedicine.

16.2. Security and Network Infrastructure.....ATTACHMENT
The Board of Directors will receive information on the District's need to implement new security tools and replacement of aging network infrastructure.

16.3. Mountain Housing Council Update.....ATTACHMENT*
The Board of Directors will receive a quarterly update on the Mountain Housing Council's efforts.

16.4. Strategic Planning Update.....ATTACHMENT
The Board of Directors will receive an update on the Strategic Planning process.

16.5. Chief Executive Officer Incentive Compensation Criteria.....ATTACHMENT
The Board of Directors will discuss proposed criteria for the CEO's Fiscal Year 2019 Incentive Compensation.

16.6. Chief Executive Officer Performance Evaluation Template.....ATTACHMENT
The Board of Directors will review a proposed template for the Annual CEO Performance Evaluation.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

18.1. Quality Committee Meeting – 05/08/2018 ..... ATTACHMENT

18.2. Governance Committee Meeting – No meeting held in May.

18.3. Executive Compensation Committee Meeting – No meeting held in May.

18.4. Finance Committee Meeting – No meeting held in May.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

20. ITEMS FOR NEXT MEETING

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

22. CLOSED SESSION CONTINUED, IF NECESSARY

23. OPEN SESSION

24. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

25. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 28, 2018 at Tahoe Truckee School District, 11603 Donner Pass Road, Truckee, CA 96161. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

Employee of the Month, May 2018
Kathy Avis, Care Coordinator, Orthopedics

We are honored to announce Kathy Avis, Care Coordinator, Orthopedics, as our May Employee of the Month.

Kathy has been a part of Tahoe Forest Health System for almost 3 years.

Kathy has helped develop and implement a new education and support program for our orthopedic patients. This program has helped patients tremendously through the transitions of pre op, post op, and with discharge.

Kathy demonstrates our values by going above and beyond through assisting not only the patients but also with communication tactics, and clarifies questions other staff members have. This adds value to the overall patient experience, while simultaneously contributing to the success through teamwork. Multiple patients have commended Kathy for her help and support.

Please join us in congratulating all of our Terrific Nominees!

Laura Murtha – Staff Nurse, ECC
Maria Zarate – MA/Surgery Scheduler, ENT

FOR IMMEDIATE RELEASE
May 08, 2018

Contact: Paige Thomason
Director of Marketing & Communications, TFHS
pthomason@tfhd.com
(530) 582-6290

CEREMONY HONORS 2018 NURSES OF EXCELLENCE
At Tahoe Forest Health System

(www.tfhd.com)

(Tahoe/Truckee, Calif.) Tahoe Forest Health System announced its 2018 Nurses of Excellence in a special ceremony on Monday, May 7. Nurses of Excellence exhibit exceptional qualities in areas of clinical competence, leadership, and commitment to the nursing profession.

In recognition of National Nurses Week, May 6 through 12, each year since 1990, Tahoe Forest Health system gives special thanks to all nurses and honors exceptional nurses with the Nurses of Excellence award.

Top honors went to the following five nurses, were also specially recognized for their exceptional skill and outstanding service, and also for demonstrating the Tahoe Forest values of quality, understanding, excellence, service and teamwork.

Arlette Tormey, Gene Upshaw Memorial Tahoe Forest Cancer Center - Quality

Christy Jordan, Surgery - Understanding

Heather Hiller, Intensive Care Unit/Epic- Excellence

Natalie de Ryk, Nursing Information - Stewardship

Sarah Jane Stull, Case Management - Teamwork

These nurses were recognized for excellence in their profession, knowledge, teamwork, and high quality care for their patients.

“Our mission at Tahoe Forest,” said Harry Weis, Chief Executive Officer, Tahoe Forest Health System, “is to serve our community through excellence and compassion every day. During

National Nurses Week, we honor our Nurses of Excellence, but we're also honoring all nurses for their commitment and service throughout the year."

"Your dedication to our patients and your fellow staff has not gone unnoticed," said Karen Baffone, Chief Nursing Officer, Tahoe Forest Health System, as she addressed the assembled group. "Thank you to all of our nurses for all you do—every day!"

The other 2018 Nurses of Excellence Nominees were:

Heidi Blide, Home Health and Hospice; Sally Caruthers, Gene Upshaw Memorial Tahoe Forest Cancer Center; Ellie Cruz, Joseph Family Center for Women and Newborn Care; Mike Davis, Surgical Services; Natasha Dierks, Medical/Surgical Unit; Kristen Henderson, Home Health and Hospice; Sandy Jones, Joseph Family Center for Women and Newborn Care; Sue McMullen, Occupational Health; Julie Morgan, Emergency Department; Sam Read, Medical/Surgical Unit; Jamie Sadeg, Surgical Services; Gerg Tarter, Intensive Care Unit; Sue Train, Wellness Neighborhood; Beth Teitelbaum, IVCH Medical/Surgical Unit; Cindy Woythal, Ambulatory Surgery.

Nominees were selected by their peers and are considered to be dedicated role models valued by staff and the community they serve. Nurses are highly dedicated with varied interests, strengths and passions, and work in various facilities like emergency rooms, maternity wards and pediatric offices, to name a few. A nurse has many roles—from staff nurse, educator, nurse practitioner, to nurse researcher, striving to serve with passion for their profession and a strong commitment to patient care and safety.

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About Tahoe Forest Health System

Tahoe Forest Health System, which includes Tahoe Forest Hospital in Truckee, CA, and Incline Village Community Hospital in Incline Village, NV, offers 24-hour emergency care, a total joint orthopedic program including direct anterior hip replacement surgery, physician multi-specialty clinics, OB department, and CoC-accredited cancer center. With a strong focus on high quality patient care, community collaboration, clinical excellence and innovation, Tahoe Forest Health System is a UC Davis Rural Center of Excellence. For a complete list of physician specialties and services, visit www.tfhd.com.

High Res photo attached: *Nurses Of Excellence*
L to R Karen Baffone, Chief Nursing Officer/Executive Director of Population Health and Post-Acute Services; Christy Jordan, RN; Heather Hiller, RN; Natalie de Ryk, RN; Sarah Jane Stull, RN; Harry Weis, CEO; Shawni Coll, DO, FACOG, Chief Medical Officer; Judy Newland, Chief Operating Officer/Administrator IVCH (not pictured Arlette Tormey, RN), at the Nurses of Excellence Award Ceremony

MEDICAL EXECUTIVE COMMITTEE
REPORT TO TFHD BOARD OF DIRECTORS
CONSENT AGENDA
Thursday, May 24, 2018

REFERRED BY:	AGENDA ITEMS	RECOMMEND
MEDICAL STAFF	**A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:**	
Executive Committee	The Executive Committee recommends approval of the following:	Recommend approval
	Review and approval of policies and medical staff privilege forms. All the below have been approved by the medical staff department and/or chairman.	
1. Surgery Department • Privilege Forms 2. OB/Pediatrics Department • OB/Gyn Privilege Form 3. Quality Assessment Committee	Annual Review: 1. Anesthesiology 2. Otolaryngology/ENT 3. Dentistry 4. Obstetrics/Gynecology 5. Ophthalmology 6. Oral & Maxillofacial 7. Orthopedics 8. Pain Medicine 9. Podiatry 10. Radiology 11. Urology 12. Annual Clinical Quality Indicators 13. Clinical Laboratory Quality Plan 14. Pharmacy Policies	

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

Thursday, April 26, 2018 at 4:00 p.m.
Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER
Meeting was called to order at 4:01 p.m.

2. ROLL CALL
Board: Dale Chamblin, Board President; Randy Hill, Vice President; Charles Zipkin, M.D., Treasurer; Alyce Wong, Secretary; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operating Officer; Matt Mushet, In-House Counsel; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Jim Hook of The Fox Group

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
No changes were made to the agenda.

4. INPUT AUDIENCE
No public comment was received.

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

5.1. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))
Number of Potential Cases: One (1)
Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)
Subject Matter: First Quarter 2018 Corporate Compliance Report
Number of items: One (1)
Discussion was held on a privileged item.

5.3. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))
A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Jessica Dias

Discussion was held on a privileged item.

5.4. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Ian Barton

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: 2017 Annual Quality Assurance/Performance Improvement Report
Number of items: One (1)

Discussion was held on a privileged item.

5.6. Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))

The District Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Name of Cases: Tahoe Forest Hospital Employees Association v. Tahoe Forest Hospital District and Tahoe Forest Hospital Employees Association of Professionals v. Tahoe Forest Hospital District

Name of Parties/Claimants: Tahoe Forest Hospital Employees Association and Tahoe Forest Hospital Employees Association of Professionals

PERB Case No.: –IR No. 742 (SA-CE-1048-M)

Discussion was held.

5.7. TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155)◈

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

5.8. Report Involving Trade Secrets (Health & Safety Code § 32106)

Discussion will concern: potential new service
Estimated date of disclosure: April 2019

Item was continued until later in the meeting.

5.9. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))

Number of Potential Cases: One (1)

Item was continued until later in the meeting.

5.10. Approval of Closed Session Minutes◈

03/22/2018 (Regular Meeting), 03/22/2018 (Special Meeting)

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:21 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported that the board heard items 5.1.-5.7. and item 5.10. There was no reportable action on items 5.1.-5.4. Item 5.5 was approved on a 5-0 vote. There was no reportable action on item 5.6. Items 5.7. and 5.10. were approved on a 5-0 vote. Items 5.8. and 5.9. were continued to later in the meeting.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

12.1. Jessica Dias was named April 2018 Employee of the Month.
12.2. Jake Dorst named on Becker's 2018 CIOs to Know list.
12.3. National Volunteer Week was April 15-21.
12.4. National Nurses Week is May 6-12.
12.5. National Hospital Week is May 6-12.

13. CONSENT CALENDAR

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

13.1. Approval of Minutes of Meetings

13.1.1. 03/20/2018
13.1.2. 03/22/2018 (Regular Meeting)
13.1.3. 03/22/2018 (Special Meeting)

13.2. Financial Reports

13.2.1. Financial Report – March 2018

13.3. Staff Reports

13.3.1. CEO Board Report
13.3.2. COO Board Report
13.3.3. CNO Board Report
13.3.4. CIIO Board Report
13.3.5. CMO Board Report

13.4. Contracts

13.4.1. Mark Wainstein, M.D. – Professional Services Agreement
13.4.2. Mark Wainstein, M.D. – Physician Recruitment Agreement
13.4.3. Jonathan Hagen, M.D. – Professional Services Agreement
13.4.4. Jonathan Hagen, M.D. – Physician Recruitment Agreement

13.5. Policy Review
- **13.5.1.** ABD-04 Board of Directors Qualifications
- **13.5.2.** ABD-18 New Program and Services

13.6. Employee Associations
- **13.6.1.** Employees Association (EA) Affiliation Election Results
- **13.6.2.** Employees Association of Professionals (EAP) Affiliation Election Results

Director Zipkin pulled item 13.5.2 and Director Wong pulled item 13.5.1.

No public comment was received.

ACTION: **Motion made by Director Hill, seconded by Director Brown, to approve the Consent Calendar excluding Item 13.5.1 and 13.5.2.**
AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin
Abstention: None
NAYS: None

14. ITEMS FOR BOARD DISCUSSION

14.1. Board Education – Corporate Compliance/HIPAA Training

Jim Hook of The Fox Group provided board members with training on the District's Corporate Compliance Program and HIPAA.

14.2. Telemedicine Presentation

Harry Weis, CEO, presented on telemedicine.

14.3. Strategic Planning Update

The Board of Directors received an update on the Strategic Planning process.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Discussion was held on item 13.5.2.

The Board asked for the following two revisions to be made:
-In Policy, item D, strike "In general" and replace with "At the discretion of the Board".
-In Policy, item D, strike "will" in two places and replace with "may".

ACTION: **Motion made by Director Zipkin, seconded by Director Hill, to approve item 13.5.2 from the Consent Calendar with the changes noted above.**
AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin
Abstention: None
NAYS: None

Discussion was held on item 13.5.1.
The Board had discussion about ABD-04 Board of Directors Qualifications policy. The policy was sent back to the Governance Committee for additional revisions.

16. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

16.1. Executive Compensation Committee Meeting – 04/23/2018
Director Wong provided an update from the recent Executive Compensation Committee meeting.

16.2. Governance Committee Meeting – No meeting held in April.

16.3. Quality Committee Meeting – No meeting held in April.

16.4. Finance Committee Meeting – No meeting held in April.

17. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS
None.

18. ITEMS FOR NEXT MEETING
-update from PFAC meeting
-Community Health Needs Assessment

19. BOARD MEMBERS REPORTS/CLOSING REMARKS
Director Zipkin will not be in attendance at the May board meeting.

Open Session recessed at 7:56 p.m.

20. CLOSED SESSION CONTINUED, IF NECESSARY
Discussion was held on privileged items.

21. OPEN SESSON
Open Session reconvened at 8:48 p.m.

22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY
General Counsel reported there was no reportable action taken on items 5.8. and 5.9.

23. ADJOURN
Meeting adjourned at 8:49 p.m.

Board of Directors
Of Tahoe Forest Hospital District
APRIL 2018 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the ten months ended April 30, 2018.

Activity Statistics

- We continue working with our vendor, Mercy Health System, to identify the reporting criterions needed to gather our monthly departmental statistics and are targeting completion of the project in May.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 55.2% in the current month compared to budget of 55.5% and to last month's 53.2%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 55.4%, compared to budget of 55.5% and prior year's 55.6%.

- EBIDA was $1,940,298 (8.6%) for the current month compared to budget of $(126,951) (-.6%), or $2,067,248 (9.2%) above budget. Year-to-date EBIDA was $7,613,023 (3.5%) compared to budget of $6,918,495 (3.1%), or $694,528 (.4%) above budget.

- Cash Collections for the current month were $10,954,744 which is 105% of targeted Net Patient Revenue.

- EPIC Gross Accounts Receivables were $42,946,099 at the end of April compared to $40,143,282 at the end of March. Legacy Gross Accounts Receivable was $6,278,584 at the end of April compared to $7,403,748 at the end of March, a reduction of $1,125,164.

Balance Sheet

- Working Capital Days Cash on Hand is 28.9 days. S&P Days Cash on Hand is 144.7. Working Capital cash decreased $6,186,000. Accounts Payable decreased $666,000, Accrued Payroll & Related Costs decreased $438,000, cash collections exceeded goal by 5%, the District remitted $5,349,000 to the State for participation in the PRIME and IGT programs, and completed its semi-annual pension funding totaling $1,099,000.

- Net Patients Accounts Receivable increased approximately $398,000 and Cash collections were at 105% of target.

- Estimated Settlements, Medi-Cal and Medicare increased $5,419,000 after booking amounts remitted to the State for the PRIME and IGT programs and booked the April estimate due from the SNF Supplemental Reimbursement program.

- Property & Equipment-Net increased $31,224,000 as a result of capitalizing Measure C projects.

- Accounts Payable decreased $666,000 due to the timing of the final check run in April.

- Accrued Payroll & Related Costs decreased a net $438,000 after funding the District's pension plan.

Operating Revenue

- Current month's Total Gross Revenue was $22,574,102, compared to budget of $20,443,811 or $2,130,291 above budget.

- Current month's Gross Inpatient Revenue was $6,145,789, compared to budget of $5,602,958 or $542,831 above budget.

- Current month's Gross Outpatient Revenue was $16,428,313 compared to budget of $14,840,853 or $1,587,460 above budget.

- Current month's Gross Revenue Mix was 34.1% Medicare, 19.6% Medi-Cal, .0% County, 1.9% Other, and 44.4% Insurance compared to budget of 34.9% Medicare, 17.8% Medi-Cal, .0% County, 3.5% Other, and 43.8% Insurance. Last month's mix was 35.0% Medicare, 19.7% Medi-Cal, .0% County, 2.0% Other, and 43.3% Insurance. Year-to-date Gross Revenue Mix was 36.1% Medicare, 18.0% Medi-Cal, .0% County, 3.7% Other, and 42.2% Insurance compared to budget of 34.8% Medicare, 17.6% Medi-Cal, .0% County, 3.8% Other, and 43.8% Insurance.

April 2018 Financial Narrative

- Current month's Deductions from Revenue were $10,126,243 compared to budget of $9,103,878 or $1,022,365 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .84% decrease in Medicare, a 1.87% increase to Medi-Cal, County at budget, a 1.58% decrease in Other, and Commercial was over budget .56%, and 2) Revenues exceeded budget by 10.4%.

DESCRIPTION	April 2018 Actual	April 2018 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	4,393,936	4,415,408	21,472	
Employee Benefits	1,396,459	1,354,057	(42,402)	
Benefits – Workers Compensation	58,854	53,880	(4,974)	
Benefits – Medical Insurance	296,799	621,624	324,825	The District is self-insured. Actual expense is based on utilization. Less claims were processed in April creating a positive variance in Benefits-Medical Insurance.
Professional Fees	2,131,056	2,085,261	(45,795)	We saw negative variances in Administration Pro fees paid for an Environmental Assessment, Executive Leadership training, Central Scheduling consulting fees, MSC Administration for Operational Consulting services, and services provided to Accounting in connection with the implementation of our Budgeting, Long-range Forecasting and Decision Support/Cost Accounting programs.
Supplies	1,593,689	1,578,006	(15,683)	
Purchased Services	967,352	1,398,809	431,457	Purchased Services for the Pharmacy 340B program, snow removal, Information Systems software & network maintenance, collection agency fees, and Medical Records document retention and retrieval services came in below budget estimations.
Other Expenses	674,449	693,181	18,732	
Total Expenses	11,512,593	12,200,226	687,633	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
APRIL 2018

	Apr-18	Mar-18	Apr-17	
ASSETS				
CURRENT ASSETS				
* CASH	$ 11,678,857	$ 17,864,998	$ 15,272,639	1
PATIENT ACCOUNTS RECEIVABLE - NET	20,815,074	20,417,259	18,916,639	2
OTHER RECEIVABLES	7,168,016	6,890,082	5,368,431	
GO BOND RECEIVABLES	967,338	634,457	483,445	
ASSETS LIMITED OR RESTRICTED	6,172,892	6,433,834	5,949,042	
INVENTORIES	3,016,971	3,025,942	2,727,579	
PREPAID EXPENSES & DEPOSITS	1,753,238	1,743,866	1,905,086	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	17,177,302	11,759,084	642,240	3
TOTAL CURRENT ASSETS	68,749,688	68,769,522	51,265,101	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	46,900,135	46,724,481	56,244,140	1
BANC OF AMERICA MUNICIPAL LEASE	-	-	246,537	
TOTAL BOND TRUSTEE 2017	19,849	19,849	3	
TOTAL BOND TRUSTEE 2015	1,506,177	1,369,080	1,436,554	
GO BOND PROJECT FUND	-	-	231,866	
GO BOND TAX REVENUE FUND	1,900,012	1,900,012	2,103,577	
DIAGNOSTIC IMAGING FUND	3,217	3,204	3,179	
DONOR RESTRICTED FUND	1,451,915	1,449,722	1,146,114	
WORKERS COMPENSATION FUND	13,745	25,080	28,841	
TOTAL	51,795,049	51,491,429	61,440,811	
LESS CURRENT PORTION	(6,172,892)	(6,433,834)	(5,949,042)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	45,622,158	45,057,594	55,491,769	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	-	-	(140,146)	
PROPERTY HELD FOR FUTURE EXPANSION	837,909	836,353	836,353	
PROPERTY & EQUIPMENT NET	163,386,008	132,161,547	130,172,530	4
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,753,625	33,435,528	32,968,366	4
TOTAL ASSETS	280,349,387	280,260,543	270,593,972	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	471,927	475,159	510,715	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,117,841	1,117,841	1,469,762	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	6,030,497	6,054,201	6,314,953	
GO BOND DEFERRED FINANCING COSTS	471,956	473,891	495,171	
DEFERRED FINANCING COSTS	189,330	190,371	201,814	
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 8,281,552	$ 8,311,464	$ 8,992,415	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	$ 5,111,797	$ 5,777,754	$ 5,704,974	5
ACCRUED PAYROLL & RELATED COSTS	11,024,507	11,462,313	8,720,231	6
INTEREST PAYABLE	751,916	659,270	799,919	
INTEREST PAYABLE GO BOND	998,154	1,036,896	975,326	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	263,010	225,030	651,548	
HEALTH INSURANCE PLAN	1,211,751	1,211,751	1,307,731	
WORKERS COMPENSATION PLAN	1,704,413	1,704,215	1,120,980	
COMPREHENSIVE LIABILITY INSURANCE PLAN	858,290	858,290	751,298	
CURRENT MATURITIES OF GO BOND DEBT	860,000	860,000	1,260,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	1,049,645	1,049,645	1,953,186	
TOTAL CURRENT LIABILITIES	23,833,482	24,845,163	23,245,193	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,332,485	27,335,091	27,821,197	
GO BOND DEBT NET OF CURRENT MATURITIES	102,632,978	102,646,399	103,369,026	
DERIVATIVE INSTRUMENT LIABILITY	1,117,841	1,117,841	1,469,762	
TOTAL LIABILITIES	154,916,786	155,944,494	155,905,178	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	132,262,237	131,177,791	122,535,095	
RESTRICTED	1,451,915	1,449,722	1,146,114	
TOTAL NET POSITION	$ 133,714,152	$ 132,627,513	$ 123,681,208	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
APRIL 2018

1. Working Capital is at 28.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 144.7 days. Working Capital cash decreased a net $6,186,000. Accounts Payable decreased $666,000 (See Note 5), Accrued Payroll & Related Costs decreased $438,000, Cash Collections exceeded target by 5%, the District remitted $5,349,000 to the State for its participation in the PRIME and IGT programs and completed its semi-annual pension funding in the amount of $1,099,000.

2. Net Patient Accounts Receivable increased approximately $398,000 and Cash collections were 105% of target.

3. Estimated Settlements, Medi-Cal and Medicare increased $5,419,000 after booking amounts remitted to the State for participation in the PRIME and IGT programs and booked the April estimate due from the SNF Supplemental Reimbursement program.

4. Property & Equipment-Net increased $31,224,000 as a result of capitalizing Measure C projects. A corresponding decrease in GO Bond CIP, Property & Equipment-Net occurred from the capitalization of these projects.

5. Accounts Payable decreased $666,000 due to the timing of the final check run in the month.

6. Accrued Payroll & Related Costs decreased a net $438,000 after funding the District's pension plan.

Tahoe Forest Hospital District
Cash Investment
April 2018

WORKING CAPITAL				
US Bank	$ 10,319,411			
US Bank/Kings Beach Thrift Store	63,484			
US Bank/Truckee Thrift Store	285,022			
US Bank/Payroll Clearing	6,878			
Umpqua Bank	1,004,062	0.40%		
Total			$	11,678,857
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -	0.03%		
Capital Equipment Fund	-			
Total			$	-
Building Fund	$ -			
Cash Reserve Fund	46,900,135	1.66%		
Local Agency Investment Fund			$	46,900,135
Banc of America Muni Lease			$	-
Bonds Cash 2017			$	19,849
Bonds Cash 2015			$	1,506,177
GO Bonds Cash 2008			$	1,900,012
DX Imaging Education	$ 3,217			
Workers Comp Fund - B of A	13,745			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	16,961
TOTAL FUNDS			$	62,021,991
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,364	0.03%		
Foundation Restricted Donations	364,320			
Local Agency Investment Fund	1,079,232	1.11%		
TOTAL RESTRICTED FUNDS			$	1,451,915
TOTAL ALL FUNDS			$	63,473,907

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2018

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD APR 2017
				OPERATING REVENUE						
$ 22,574,102	$ 20,443,811	$ 2,130,291	10.4%	Total Gross Revenue	$ 219,822,844	$ 220,663,116	$ (840,272)	-0.4%	1	$ 208,847,782
				Gross Revenues - Inpatient						
$ 2,299,459	$ 1,903,256	$ 396,203	20.8%	Daily Hospital Service	$ 22,503,430	$ 19,777,163	$ 2,726,267	13.8%		$ 19,568,363
3,846,330	3,699,702	146,628	4.0%	Ancillary Service - Inpatient	36,832,050	40,599,709	(3,767,659)	-9.3%		40,557,055
6,145,789	5,602,958	542,831	9.7%	Total Gross Revenue - Inpatient	59,335,480	60,376,872	(1,041,392)	-1.7%	1	60,125,418
16,428,313	14,840,853	1,587,460	10.7%	Gross Revenue - Outpatient	160,487,364	160,286,244	201,120	0.1%		148,722,364
16,428,313	14,840,853	1,587,460	10.7%	Total Gross Revenue - Outpatient	160,487,364	160,286,244	201,120	0.1%	1	148,722,364
				Deductions from Revenue:						
8,932,070	8,192,017	(740,053)	-9.0%	Contractual Allowances	93,496,573	88,377,837	(5,118,736)	-5.8%	2	88,353,456
752,804	662,691	(90,113)	-13.6%	Charity Care	6,983,904	7,140,911	157,007	2.2%	2	6,308,111
8,023	-	(8,023)	0.0%	Charity Care - Catastrophic Events	266,812	-	(266,812)	0.0%	2	279,106
419,418	249,170	(170,248)	-68.3%	Bad Debt	1,977,196	2,703,688	726,492	26.9%	2	(1,760,155)
13,929	-	(13,929)	0.0%	Prior Period Settlements	(4,778,009)	-	4,778,009	0.0%	2	(444,361)
10,126,243	9,103,878	(1,022,365)	-11.2%	Total Deductions from Revenue	97,946,475	98,222,436	275,961	0.3%		92,736,157
82,738	105,021	22,284	21.2%	Property Tax Revenue- Wellness Neighborhood	688,352	1,024,042	(335,691)	-32.8%		641,465
922,295	628,321	293,974	46.8%	Other Operating Revenue	7,188,892	6,735,428	453,464	6.7%	3	7,336,405
13,452,891	12,073,275	1,379,615	11.4%	TOTAL OPERATING REVENUE	129,753,613	130,200,150	(446,538)	-0.3%		124,089,495
				OPERATING EXPENSES						
4,393,936	4,415,408	21,472	0.5%	Salaries and Wages	44,785,480	44,912,283	126,803	0.3%	4	38,685,377
1,396,459	1,354,057	(42,402)	-3.1%	Benefits	15,087,145	13,890,769	(1,196,376)	-8.6%	4	12,561,538
58,854	53,880	(4,974)	-9.2%	Benefits Workers Compensation	541,794	538,803	(2,991)	-0.6%	4	547,889
296,799	621,624	324,825	52.3%	Benefits Medical Insurance	5,529,265	6,216,241	686,976	11.1%	4	6,511,397
2,131,056	2,085,261	(45,795)	-2.2%	Professional Fees	19,707,316	20,864,362	1,157,046	5.5%	5	18,130,999
1,593,689	1,578,006	(15,683)	-1.0%	Supplies	17,613,960	16,804,251	(809,709)	-4.8%	6	16,197,337
967,352	1,398,809	431,457	30.8%	Purchased Services	11,900,932	12,949,471	1,048,539	8.1%	7	10,173,844
674,449	693,181	18,732	2.7%	Other	6,974,698	7,105,475	130,777	1.8%	8	5,871,739
11,512,593	12,200,226	687,633	5.6%	TOTAL OPERATING EXPENSE	122,140,590	123,281,655	1,141,065	0.9%		108,680,121
1,940,298	**(126,951)**	**2,067,248**	**1628.4%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**7,613,023**	**6,918,495**	**694,528**	**10.0%**		**15,409,375**
				NON-OPERATING REVENUE/(EXPENSE)						
557,336	535,053	22,284	4.2%	District and County Taxes	5,745,381	5,376,697	368,685	6.9%	9	4,451,904
332,881	332,881	-	0.0%	District and County Taxes - GO Bond	3,316,731	3,328,811	(12,080)	-0.4%		3,919,333
95,528	70,867	24,661	34.8%	Interest Income	764,236	708,673	55,563	7.8%	10	492,026
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		358
-	74,917	(74,917)	-100.0%	Donations	160,922	749,167	(588,245)	-78.5%	11	369,817
-	(20,000)	20,000	100.0%	Gain/ (Loss) on Joint Investment	-	(200,000)	200,000	100.0%	12	(183,517)
-	-	-	0.0%	Loss on Impairment of Asset	-	-	-	0.0%	12	-
-	-	-	0.0%	Gain/ (Loss) on Sale of Equipment	9,494	-	9,494	0.0%	13	-
-	-	-	0.0%	Impairment Loss	-	-	-	0.0%	14	-
(994,665)	(993,555)	(1,110)	-0.1%	Depreciation	(9,864,652)	(9,935,553)	70,901	0.7%	15	(9,200,628)
(95,926)	(98,944)	3,018	3.0%	Interest Expense	(949,888)	(989,561)	39,673	4.0%	16	(1,022,982)
(333,034)	(320,815)	(12,219)	-3.8%	Interest Expense-GO Bond	(3,281,460)	(3,208,147)	(73,313)	-2.3%		(2,079,755)
(437,879)	(419,596)	(18,282)	-4.4%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(4,099,236)	(4,169,913)	70,677	1.7%		(3,253,444)
$ 1,502,419	**$ (546,547)**	**$ 2,048,966**	**374.9%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 3,513,787**	**$ 2,748,582**	**$ 765,205**	**27.8%**		**$ 12,155,930**
				NET POSITION - BEGINNING OF YEAR	**130,200,366**					
				NET POSITION - AS OF APRIL 30, 2018	**$ 133,714,152**					
8.6%	**-0.6%**	**9.2%**		**RETURN ON GROSS REVENUE EBIDA**	**3.5%**	**3.1%**	**0.4%**			**7.5%**

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
APRIL 2018

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD APR 2017
				OPERATING REVENUE						
$ 1,411,235	$ 1,404,082	$ 7,153	0.5%	Total Gross Revenue	$ 15,303,831	$ 16,437,421	$ (1,133,590)	-6.9%	1	$ 15,562,605
				Gross Revenues - Inpatient						
$ -	$ 5,657	$ (5,657)	-100.0%	Daily Hospital Service	$ 101,764	$ 50,917	$ 50,847	99.9%		$ 32,328
(195)	2,645	(2,840)	-107.4%	Ancillary Service - Inpatient	99,003	30,585	68,418	223.7%		44,416
(195)	8,302	(8,497)	-102.3%	Total Gross Revenue - Inpatient	200,767	81,502	119,265	146.3%	1	76,744
1,411,430	1,395,780	15,650	1.1%	Gross Revenue - Outpatient	15,103,064	16,355,919	(1,252,855)	-7.7%		15,485,861
1,411,430	1,395,780	15,650	1.1%	Total Gross Revenue - Outpatient	15,103,064	16,355,919	(1,252,855)	-7.7%	1	15,485,861
				Deductions from Revenue:						
477,939	515,167	37,228	7.2%	Contractual Allowances	6,270,653	5,977,656	(292,997)	-4.9%	2	5,516,526
51,510	53,528	2,018	3.8%	Charity Care	537,016	610,485	73,469	12.0%	2	527,158
8,023	-	(8,023)	0.0%	Charity Care - Catastrophic Events	50,019	-	(50,019)	0.0%	2	41,138
161,856	49,288	(112,568)	-228.4%	Bad Debt	576,205	560,892	(15,312)	-2.7%	2	505,210
-	-	-	0.0%	Prior Period Settlements	(106,438)	-	106,438	0.0%	2	(22,833)
699,329	617,984	(81,345)	-13.2%	Total Deductions from Revenue	7,327,455	7,149,033	(178,422)	-2.5%	2	6,567,199
75,707	62,214	13,493	21.7%	Other Operating Revenue	846,900	790,640	56,260	7.1%	3	787,011
787,613	848,312	(60,699)	-7.2%	TOTAL OPERATING REVENUE	8,823,276	10,079,028	(1,255,752)	-12.5%		9,782,416
				OPERATING EXPENSES						
280,603	265,136	(15,466)	-5.8%	Salaries and Wages	2,888,123	3,063,569	175,445	5.7%	4	2,637,392
82,425	89,006	6,581	7.4%	Benefits	940,659	932,821	(7,838)	-0.8%	4	971,936
2,357	2,357	(0)	0.0%	Benefits Workers Compensation	24,404	23,565	(839)	-3.6%	4	20,061
18,816	39,151	20,335	51.9%	Benefits Medical Insurance	344,523	391,513	46,990	12.0%	4	417,224
255,938	270,151	14,213	5.3%	Professional Fees	2,329,395	2,605,436	276,041	10.6%	5	2,386,560
40,643	64,392	23,749	36.9%	Supplies	437,081	704,594	267,513	38.0%	6	640,703
38,709	50,165	11,455	22.8%	Purchased Services	399,310	526,361	127,050	24.1%	7	473,465
63,649	59,665	(3,984)	-6.7%	Other	572,227	582,340	10,112	1.7%	8	534,861
783,139	840,023	56,884	6.8%	TOTAL OPERATING EXPENSE	7,935,722	8,830,198	894,476	10.1%		8,082,202
4,474	**8,289**	**(3,815)**	**-46.0%**	**NET OPERATING REV(EXP) EBIDA**	**887,554**	**1,248,831**	**(361,277)**	**-28.9%**		**1,700,214**
				NON-OPERATING REVENUE/(EXPENSE)						
-	-	-	0.0%	Donations-IVCH	22,361	-	22,361	0.0%	9	24,267
-	-	-	0.0%	Gain/ (Loss) on Sale		-	-	0.0%	10	-
(56,857)	(56,857)	0	0.0%	Depreciation	(590,826)	(568,568)	(22,258)	-3.9%	11	(588,157)
(56,857)	(56,857)	0	0.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(568,465)	(568,568)	103	0.0%		(563,890)
$ (52,383)	**$ (48,568)**	**$ (3,815)**	**-7.9%**	**EXCESS REVENUE(EXPENSE)**	**$ 319,089**	**$ 680,263**	**$ (361,174)**	**-53.1%**		**$ 1,136,325**
0.3%	**0.6%**	**-0.3%**		**RETURN ON GROSS REVENUE EBIDA**	**5.8%**	**7.6%**	**-1.8%**			**10.9%**

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2017		BUDGET FYE 2018	PROJECTED FYE 2018	ACTUAL APR 2018	BUDGET APR 2018	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	$ 19,312,107		$ 7,189,726	$ 10,669,354	$ 1,940,298	$ (126,951)	$ 2,067,249	$ 3,884,930	$ (7,352,907)	$ 11,873,701	$ 2,263,629
Interest Income	361,479		725,902	845,365	177,887	212,601	(34,714)	133,270	356,321	177,887	177,887
Property Tax Revenue	6,497,384		7,681,300	7,482,350	-	-	-	393,337	85,046	3,753,968	3,250,000
Donations	1,537,778		890,200	482,741	-	55,000	(55,000)	25,091	13,500	-	444,150
Debt Service Payments	(3,553,754)		(2,678,403)	(2,699,266)	(138,009)	(138,057)	48	(516,336)	(663,487)	(523,738)	(995,705)
Bank of America - 2012 Muni Lease	(1,243,406)		(103,637)	(103,515)	-	-	-	(103,515)	-	-	-
Copier	(11,295)		(11,520)	(11,436)	(912)	(960)	48	(2,894)	(2,419)	(3,291)	(2,832)
2017 VR Demand Bond	(677,214)		(918,082)	(803,416)	-	-	-	-	(112,679)	(109,155)	(581,582)
2015 Revenue Bond	(1,621,839)		(1,645,164)	(1,780,899)	(137,097)	(137,097)	(0)	(409,926)	(548,389)	(411,292)	(411,291)
Physician Recruitment	-		(120,000)	(180,536)	-	(10,000)	10,000	(25,536)	(30,000)	(105,000)	(20,000)
Investment in Capital											-
Equipment	(1,388,213)		(3,744,975)	(2,161,050)	(117,713)	(565,733)	448,020	(163,719)	(930,500)	(270,981)	(795,850)
Municipal Lease Reimbursement	735,082		219,363	219,363	-	-	-	219,363	-	-	-
GO Bond Project Personal Property	(1,175,083)		-	-	-	-	-	-	-	-	-
IT	(176,532)		(2,122,817)	(416,267)	(52,134)	(70,000)	17,866	(88,529)	(71,000)	(64,604)	(192,134)
Building Projects	(3,511,541)		(12,540,118)	(4,549,365)	(200,166)	(1,438,522)	1,238,356	(971,928)	(672,341)	(827,886)	(2,077,210)
Health Information/Business System	(4,478,846)		(2,050,000)	(3,738,069)	(2,672)	-	(2,672)	(726,407)	(2,228,554)	(714,963)	(68,145)
Capital Investments											
Properties	(2,373,193)		(1,355,000)	(1,355,000)	-	-	-	-	(475,000)	-	(880,000)
Measure C Scope Modifications	(1,725,552)		-	-	-	-	-	-	-	-	-
										-	
Change in Accounts Receivable	(2,134,289)	N1	304,109	(2,733,901)	(397,815)	381,447	(779,262)	(16,563)	412,276	(4,967,614)	1,838,000
Change in Settlement Accounts	(5,374,275)	N2	5,453,885	3,420,072	(5,380,238)	(5,349,058)	(31,180)	(2,777,362)	8,201,107	(10,108,550)	8,104,877
Change in Other Assets	(923,047)	N3	(1,962,591)	(7,440,918)	(828,908)	768,193	(1,597,101)	(1,741,634)	(3,164,013)	(1,096,363)	(1,438,908)
Change in Other Liabilities	2,649,423	N4	1,920,000	(2,874,928)	(1,011,017)	(1,493,000)	481,983	(1,914,066)	(2,862,455)	(251,320)	2,152,913
Change in Cash Balance	4,278,928		(2,189,419)	(5,030,054)	(6,010,487)	(7,774,080)	1,763,593	(4,286,088)	(9,382,006)	(3,125,463)	11,763,503
Beginning Unrestricted Cash	68,632,815		72,911,743	72,911,743	64,589,479	64,589,479	-	72,911,743	68,625,655	59,243,649	56,118,186
Ending Unrestricted Cash	72,911,743		70,722,324	67,881,689	58,578,992	56,815,399	1,763,593	68,625,655	59,243,649	56,118,186	67,881,689
Expense Per Day	382,387		408,686	404,709	404,010	408,785	(4,775)	382,013	400,457	405,878	404,709
Days Cash On Hand	191		173	168	145	139	6	180	148	138	168

Footnotes:
N1 - Change in Accounts Receivable reflects the 60 day delay in collections.
N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Harry Weis
CEO

DATE: 5/15/18

Our team has been and remains very focused on improving and perfecting all clinical and business processes since our "go live" back on November 1 with EPIC and two other significant business software applications. The first year after a "go live" is always the most challenging for any business in any industry.

We always welcome any comment from the public or our team as to how our clinical or business work is being done.

We are conducting reviews and audits to make sure that we are using the most efficient processes to perform critical work and be sure that credit for all work is being achieved. We will be open minded should any findings suggest we need to go in a new strategic direction in certain work areas as well.

We are working strategically to position all we do to function as a team of "one" which is a critical building block for all sustainable health systems.

Further, as we are focusing on more rapid "provider" access to healthcare outside of the inpatient or outpatient hospital setting, we are examining ways we can support provider services which includes all of our physicians, physician assistants and nurse practitioners to be the most efficient and effective team possible from registration to final billing and collections.

In the last two and a half years, this health system has made a major strategic shift which is demonstrated in several correlated ways.

As of June 30, 2015, 66.6% of total health system revenues were outpatient. As of February 28, 2018, 73% of total health system revenues are outpatient, which is the direction for proactive healthcare.

In correlation to this important topic, total health system physician/provider office visits have increased as follows:

Fiscal Year 2015 47,000 visits
Fiscal Year 2016 48,000 visits
Fiscal Year 2017 59,000 visits
Fiscal Year 2018 estimated 65,000 to 70,000 visits

Physician office visits are likely the most important single statistic for our health system as our focus is on rapid provider access.

Further, our total provider team (including physicians, PAs and NPs) has increased as follows:

As of June 30, 2015 - 98 providers
As of June 30, 2016 - 118 providers
As of June 30, 2017 - 125 providers
Current - 144 providers

These totals include Active, Courtesy and Allied Health Professional members and exclude telemedicine physicians.

We also have a gastroenterologist, urologist, orthopedist and three family practice physicians joining the health system during the remaining months of this calendar year.

Moving quickly to reach our goal of having four Rural Health Clinic sites is critical to having the right building blocks in place for our health system. Significant work is underway in achieving this.

We are approaching a 30 to 60 day window where “hammers will start swinging” for the provider offices buildout of the Cancer Center 2nd floor and the remodel of the 3rd floor for pediatrics in medical office building.

The Administration building will be removed this summer and the team will move to the former Quality office near the Children’s Center. Once the Administration building is removed, it will provide critical additional patient parking.

The Health System will host approximately 17 Town Hall meetings in late May/early June to focus on team members who deliver important patient care.

We also continue to monitor critical state legislation in both California and Nevada along with federal legislation. We are very active on providing important feedback on legislation as some of it is extremely harmful to any healthcare system.

TAHOE FOREST HOSPITAL DISTRICT

Board COO Report

By: Judith B. Newland **DATE: May 2018**

Just Do It" – Demonstrate measurable improvements annually in both Quality and Patient Satisfaction.

Directors are active in identifying Capital Equipment, Capital Construction and Capital IT needs for departments for FY 19 budget. Capital equipment needs are determined based on new services, equipment replacement and provider input.

As part of our commitment to the BETA Heart program, three staff members and three physicians attended a two day workshop on Communication and Transparency, Care for the Caregiver.

Triumph Protection Group security officers are now covering the TFH Campus 24 hours a day, 7 days a week. This has been a positive and successful transition to this new service.

Develop solid connections and relationships within the communities we serve.

During the last two weeks of April, IVCH collaborated with Truckee Meadows Community College (TMCC) on the bi annual school fluoride varnishing program. Over 140 students received the varnish. TMCC let us know that this is their largest school fluoride varnishing program and they will continue to include us in their grant proposals so we can offer this service to the students. As part of the Healthy Teeth Program, each student was educated at Incline Elementary School (IES) on standard oral health practices.

IVCH began holding school tours for Incline Elementary School every Thursday until the end of the school year. The tours are conducted one class at a time, and students visit the ED and an overview of what physicians and nurses do at the hospital. The goal is to familiarize the students with IVCH and to expose them to the medical profession.

Creating and implementing a New Master Plan

Report provided by Dylan Crosby, Manger Facilities and Construction Management

Projects in Progress:

Project: TFH Fire Alarm Replacement Project
Start of Construction: 3/12/2018
Estimated Completion: 7/12/2019
Summary of Work: Remove and replace existing Fire Alarm System.
Update Summary: Loop transition is 40% complete, Chime and Strobe replacement is 10% complete. When a department's work area is to be effected, engineering will coordinate with the Director.

Project: Pioneer Phase 2
Start of Construction: 2/5/2018

Estimated Completion: 4/30/2018
Summary of Work: Construct leased space at Pioneer for: Home Health and Hospice have moved into the Pioneer Space. HIM and Business Office are in process of moving and should be moved by board meeting.
Update Summary: Construction complete and temporary occupancy issued.

Project: IVCH Lab
Start of Construction: 2/12/2018
Estimated Completion: 6/5/2018
Summary of Work: Reconstruct existing IVCH Lab draw area. ED Exam Room 5 completed and in use.
Update Summary: Phase 2 continues.

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00
Estimated Start of Construction: 4/30/2018
Estimated Completion: 11/7/2018
Summary of Work: To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.
Update Summary: Construction to the special procedures room has commenced.

Project: TFHD Retail Pharmacy
Estimated Start of Construction: 6/14/2018
Estimated Completion: 6/29/2018
Summary of Work: To improve security of the Retail Pharmacy. An enclosure and door will be installed to limit access to the medication area of the pharmacy.
Update Summary: Project has been permitted and material is being ordered.

Project: IM Cardiology Expansion
Estimated Start of Construction: 6/11/2018
Estimated Completion: 8/31/2018
Summary of Work: Construct 3 new exam rooms and a MD/MA office in the west end of IM Cardiology to increase access for care.
Update Summary: Contracts are to be presented to the board in May board meeting.

Projects in Permitting:

Project: 3rd Floor MOB
Estimated Start of Construction: 8/6/2018
Estimated Completion: 5/10/2019
Summary of Work: Phase 1 reconstruct the 3rd Floor MOB 2 western suites for increased flexibility and additional exam rooms. Phase 2 reconstruct and integrate the 3rd Floor MOB adjacent suite for increased flexibility and additional exam rooms.
Update Summary: Plans are under review by the town of Truckee.

Project: Cancer Center 2nd Floor
Estimated Start of Construction: 8/6/2018
Estimated Completion: 5/10/2018
Summary of Work: Construct the 2nd floor of the Cancer Center for expansion of Rural Health Clinic Services.
Update Summary: Plans are under review by the town of Truckee.

Project: Administration House Renovation
Estimated Start of Construction: 6/25/2018
Estimated Completion: 7/27/2018

Summary of Work: **R**enovate the new Administration Services house, old home health house, in preparation for the site improvement project.
Update Summary: Plans to be submitted to the Town of Truckee by 6/1/2018

Project: Tahoe City Physical Therapy Expansion
Estimated Start of Construction: 6/25/2018
Estimated Completion: 8/31/2018
Summary of Work: Lease and renovate the remainder of the second floor of existing building.
Update Summary: Plans to be submitted to the County 6/1/2018

Projects in Design:

Project: Tahoe Forest Hospital Site Improvements
Estimated Start of Construction: 5/25/2018
Estimated Completion: 8/16/2018
Summary of Work: Demolish the existing curves building to increase patient parking. Demolish the North Levon Apartments for additional parking and snow storage.
Update Summary: Project is in the process of being designed. Entitlement permit is under review from the town.

Project: Day tank and Underground Storage tank replacement.
Estimated Start of Construction: 6/3/2018
Estimated Completion: 8/30/2018
Summary of Work: Remove and replace the 30 year old underground storage tank and existing day tank.
Update Summary: Project is in the process of being designed.

Project: Center for Health and Sports Performance Renovation
Estimated Start of Construction: 7/30/2018
Estimated Completion: 10/12/2018
Summary of Work: Transform existing center into open floor concept and provide additional treatment tables.
Update Summary: Project is in the process of being designed.

TAHOE FOREST HOSPITAL DISTRICT

Board CNO Report

By: Karen Baffone, RN, MS **DATE: May 2018**
Chief Nursing Officer

Strategy Two: Choosing and implementing the correct new Electronic Health Record for our system that spans all physician, OP and IP services.

- Developed job description for Clinical Integration Analyst/Auditor to:
  - Facilitate work queue hard stops
  - Work with physician billing and work flow
  - Integrate informatics with operations
- EPIC build for Care Coordination completed.
- Continue to address weekly the work queue flow to correct reoccurring issues that may be related to skill set or knowledge base (In concert with COO, CFO, Rev Cycle Dir)

Strategy Four: Care Coordination

- We have now seen over 700 patients in the Care Coordination Program (Including both all patient services)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) data improving:
  - Screening for Drugs and Alcohol from 2.4% in 7/17 to 70.4% in 4/18
  - Depression screening from 4.4% in 7/17 to 43.8%in 4/18 data for the PRIME – Chronic Nonmalignant Pain Management Program

Strategy Six: Just Do IT

Service: All directors on the inpatient side have implemented or are in the process of implementing rounding on every patient that touches the organization.

Inpatient Press Ganey Scores in the 99th percentile – Great improvement noted by the Ambulatory Surgery.

NURSES OF EXCELLENCE: Nurses Week was celebrated with multiple roundings on both shifts and culminated with the Nurses of Excellence:

- Quality – Arlette Tormey, Cancer Center
- Understanding – Christy Jordan, Surgery
- Excellence – Heather Hiller, EPIC, ICU
- Stewardship – Natalie de Ryk, IT
- Teamwork – Sarah Jane Stull, Case Management

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Jake Dorst **DATE:** 05/16/2018

CIIO

- **Personnel and Training:**
  1 Employee training as Affiliate Epic builder for Ambulatory starts in June.
  1 Employee Epic Affiliate builder for ASAP courses completed. Doing projects and testing.
  1 Employee undergoing Mirth interface training in June.
  2 Employees started Cadence and Grand Central credentialing 5/10/18.
  1 employee completed Epic Orders credentialing. Working on HH/Hospice credentialing.
  1 Employee started Epic Optime Surgeon credentialing
- **Clinical Records from Varian now scanned into Epic**. Notice out to doctors last week by Jim McKenna. Chart Review Media Tab.
- **Pyxis Project.** Underway.
- **Koch office** live May 1st. Fine tuning going on.
- **Scribe Program** Mercy has created the Epic Optime Scribe template.
- **CPOE compliance report produced for P&T.** Working on a detailed CPOE report for Quarterly Quality and Medication Safety meetings. We are doing well with CPOE compliance.
- **Many projects underway:**
  Xcelera Upgrade
  Pyxis ES
  Mirth Server upgrade
  Nuance upgrade
  PACs upgrade
  Varian Virtualization
  Home Health/Hospice
  MU dashboards, Quality measures reports, working on various measures where we are weak
- **Monitor replacement for Fukuda demos being done**: Philips done-set up a technical call so they can get the scope for the quote. Nihon-Kohden and GE next week.
- **Physician "Thrive after Live" session this Wednesday**. Taught by Heather Hiller.
- **Projects being worked up**:
  Dietary DFM
  Quantros replacement-Datix

Mediware HCLL Upgrade
Blood Glucose Machine Integration

- **Beacon**: Site visit coming up

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Shawni L. Coll D.O., FACOG
Chief Medical Officer

DATE: May 17, 2018

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1. **GOAL: A complete makeover of our Physician service line**
   We will welcome a new orthopedic surgeon, Dr. John Hagen, who is currently a Sports Medicine Fellow at Barton. He will join us in mid-September. We also have hired a Family Practice physician who will work both weekday and weekend hours. We have a promising Neurology candidate interviewing this month. We also have a locum to possible permanent hospitalist physician who is starting at the end of this month. We have a few general surgery candidates that we continue to explore, looking for the right fit for our community. Once we have a neurologist candidate hired, we will have a full complement of specialties and will focus on refining any future needs.

2. **GOAL: Electronic Health Record**
   Implementing “Thrive after Go Live” program to make the most of our new Electronic Health Record.

3. **GOAL: New Master Space Plan**
   The Medical Staff was given an overview of the future master planning state by Harry Weis CEO at the May Medical Staff Quarterly Staff Meeting. Feedback was given that outdoor space for breaks/lunches along with bike storage be included in the master planning.

4. **GOAL: Just Do It**
   Team members went to BETA HEART program to learn the art of disclosing unexpected outcomes. Three physicians, Dr. Chelsea Wicks, pediatrician, Dr. Tom Semrad, hematologist/oncologist, and Dr. Casey Jowers, emergency physician attended and will join Drs. Coll, Taylor and Alpert as the disclosure medical staff representatives for these events.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Ted Owens **DATE:** May 24, 2018
Executive Director, Governance & Business Development

Legislation Report:

Federal

The Federal legislative healthcare agenda is taking a back seat to the upcoming mid-term elections. Healthcare legislation is not expected to advance until after the new session begins in 2019. As such, advocates from the District Hospital Leadership Forum (DHLF) have suspended the annual trip to Washington DC until February 2019 when things are expected to heat up again.

In addition, it will be critical to meet "new faces" of the 116th US Congress particularly those assigned to healthcare related committees.

State of California

The state legislature is in year two of its current session. 2017 saw 2,495 bills introduced and another 2,200 this year. Critical to watch:

AB 3087 (Kalra) Healthcare Cost, Quality and Equity Commission (Strong OPPOSE)

This bill seeks to create a new a state commission to set payment rates for hospitals, doctors, dentists and other providers based on a multiplier of what Medicare pays, without understanding the underlying drivers of health care costs. AB 3087 is a simplistic approach to a very complex problem. Nearly 60 cents of every dollar spent by California hospitals goes to employee wages and benefits representing the highest labor costs in the United States. Additionally, the proposed legislation does not solve the fundamental problems of the health care payment system.

AB 3087 does not apply to Medicare or Medi-Cal. Hospitals and providers will continue to be underpaid by these government programs.

In order to comply with AB 3087 should it become law, many hospitals will be forced to close, others will be forced to make massive cuts of jobs and services.

This bill has "legs".

AB 2019 (Aguiar-Curry) Healthcare Districts (Neutral…for now)

Last year Assembly member Aguiar-Curry introduce AB 1728 which improves transparency and accountability in healthcare districts. Signed by Governor Brown, it went into effect this past January with little impact on TFHD in particular. Through the Association of Healthcare Districts (ACHD) and the District Hospital Leadership Forum (DLHF), we gave support to the bill.

This year the Assemblywoman has introduced AB 2019 which places a number of substantial requirements on healthcare districts over and above AB 1728. These new requirements do not even afford healthcare districts the time to adapt to the first bill. The new proposed requirements go far beyond what is required of other non-healthcare special districts.

This bill has "legs" and the Aguiar-Curry staff stated to Mr. Weis, myself and others that "there is more to come".

SB 538 (Monning) Hospital contracts (Oppose)

This bill lost steam last year, however it is still alive. It prohibits specific provisions in contracts between health plans and hospitals.

As of May 14, 2018, SB 538 is stalled in committee process. No activity, but don't count on it. See attached article "8 things to know about Sutter Health's legal battle" of May 15, 2018 which alludes to the Monning bill and emboldens the cause.

AB 2965 (Arambula) Medi-Cal: Immigration Status (Watch)

This bill seeks to expand eligibility within the Medi-Cal program for full scope services to individuals of all ages who are otherwise eligible for those benefits but for their immigration status. This bill has passed out of the Committee on Health and has been referred to the Appropriations Committee.

The state constitution requires costs to local agencies and school districts to be reimbursed if determined to be a mandate by the state. Those cost estimates remain unstated.

California Budget – "May Revise" May 14, 2018

General Comments:

The 2018-19 $199.3 billion budget focusses on three one-time expenditures on infrastructure, homelessness and mental health. It adds $8.8 billion to the "Rainy Day Fund" fully funding it, repays local agencies $282.2 million in unfunded state mandates and interest going back to 2004. It also expands Graduate Medical Education (GME) funding for the UC with one time funding of $55 million limited to psychiatric GME programs serving Health Professional Shortage Areas. This really is a one-time suspension of Prop. 56 tobacco tax money swap intended to go to GME each year. You may recall last year the Governor's budget allowed Prop. 56 money to flow into the program and in turn reduced the UC budget by an equivalent amount.

Of interest to us:

340B – Drug Pricing Proposal (Oppose)

The 340B Program began in the early 1990's and allows for safety net providers to purchase discounted outpatient drugs for all our patients, not just Medi-Cal beneficiaries. To TFHD that is currently an annual savings of $600,000 with plans to expand on the program. These discounts are provided by the drug manufacturers, not the state or federal government.
The Governor had proposed in the January budget to eliminate the 340B program and has reiterated that position in the revise, indicating a savings to the state general fund of $16.6 million annually as a result of elimination of duplicate discounts, overpayments and rebate disputes.

The result for TFHD and many hospitals, would be significantly increased costs as we would lose savings from the rebates within the Medi-Cal program and be forced to purchase at wholesale pricing.

Local Politics:

Election season for local office will begin with the yet to be announced filing dates in July. Those should be announced shortly after the primary election June 5, 2018. Of the Special Districts and the Town of Truckee, 39 seats are up in this go around including three for TFHD.

It is my sense that there will be a great deal of focus on the Town Council's three seats that are up next December. There is a good deal of development that will be under way this summer, we are already seeing earth being moved, demolitions and foundations going in the ground. Also, the Town is embarking on a general plan update in the midst of a housing crisis. This local election cycle will be broadly focused on land use.

For your interest, please see the attachment provided by the Town Clerk, Judy Price. It depicts the special districts, board compensation, benefits and what elected officials are up for election this year.

8 things to know about Sutter Health's legal battles over prices

Written by Kelly Gooch | May 15, 2018 | Print | Email

An antitrust lawsuit against Sacramento, Calif.-based Sutter Health over prices could have a national effect, according to a *Kaiser Health News* report published by the *LA Times*.

Here are eight things to know.

1. California Attorney General Xavier Becerra filed the lawsuit against Sutter earlier this spring following a yearslong investigation. The lawsuit alleges, among other things, that Sutter used its market power to control prices by keeping health insurers from providing more low-cost health plan options to patients and setting excessively high out-of-network prices. The lawsuit also alleges the health system impeded cost transparency by restricting publication of provider cost information.

2. While the case involves Sutter, it could have a national effect with other systems if California wins, according to Ge Bai, PhD, an assistant professor at Baltimore-based Johns Hopkins University who has researched U.S. hospital prices. He told *KHN*: "A major court ruling in California could be a deterrent to other hospital systems. We're getting to a tipping point where the nation cannot afford these out-of-control prices."

3. In addition to the lawsuit filed by Mr. Becerra, employers and consumers have also sued Sutter, accusing the 24-hospital nonprofit health system of anticompetitive behavior and charging inflated prices, according to the report. Both cases are ongoing in courts.

4. In California, there is also proposed legislation that would prohibit large health systems from using certain contracting practices, according to the report.

5. Sutter, for its part, is fighting back against Mr. Becerra's allegations. According to the report, the health system denies anticompetitive behavior and alleges in court papers that Mr. Becerra's allegations are a "sweeping and unprecedented effort to intrude into private contracting." *KHN* also reports the American Hospital Association and its California counterpart are showing support for Sutter in seeking to file amicus briefs.

6. Overall, Mr. Becerra hopes to force Sutter to negotiate reimbursements separately for each of its hospitals and tighten rules on sharing details of the negotiations across Sutter facilities, according to the report.

7. The lawsuits against Sutter come as the system reports $12 billion in annual revenue. In the past, Sutter has faced accusations from physicians and consumers of trying to maximize revenue by eliminating hospital beds and critical services in rural areas, according to the report. However, Sutter said Northern California patients have a wide range of provider options and that it has kept its average health plan rate increases to less than 3 percent each year for the last six years, reports *KHN*.

8. According to the report, a San Francisco superior court judge is allowing Mr. Becerra's case to be consolidated with a separate class-action suit against Sutter — led by a health plan covering unionized grocery workers. A trial in the grocery workers' lawsuit is scheduled for next year.

Read the full report here.

Ayla Ellison contributed to this report.

Jurisdiction	Number of Seats	Qualifications	Term	Benefits	Compensation	Other	Meeting Day(s)	Meeting Time	Average Number of Meetings	Average Meeting Length
Tahoe Truckee Unified School District Milan Slikkerveer	3	Must live within district boundaries and within the Trustee Area - open seats; Area 1, Area 4, and Area 5 are the open seats.	4	Board Members and their families are eligible for fully paid health insurance. Includes medical, dental and vision with a life insurance policy.	Unpaid - Usual mileage reimbursement and expense reimbursement as per Board policy	File a Declaration of Candidac Kim Szczurek, Gaylan Larson, and Dianna Driller	1st and 3rd Wednesday	4:30 p.m.	24	2 -3 hours
Truckee Tahoe Airport District Lauren Tapia	2	The only qualification is that they must be a resident of either Nevada County or Placer County.	4	Reimburse medical insurance, not to exceed what is provided (in cost) to our employees' premiums. Mileage reimbursement.	$100/per meeting up to 4 meetings in one month.	John Jones, Jr. and Jim Morrison	4th Wednesday	4:30 p.m.	10	2-3 hours
Tahoe Forest Hospital District Martina Rochefort	3	Resident and registered voter in the TFHD boundaries	4	Medical, Dental & Vision insurance	$100.00 per meeting up to $500.00 per month	Terms are up for Brown, Chamblin and Zipkin.	4th Thursday	4:00 p.m.	24	1.5hrs (committee) 3.5hrs (board)
Truckee Fire Protection District Joyce Engler	4	Must reside within the Truckee Fire Protection District Boundaries.	*** 2 or 4	Life and AD&D Insurance - $10,000.00; CSFA Membership	$100.00 per meeting with a maximum of 4 meeting per month. (We do not pay into Social Security).	4-year Term: Botto, Hernandez, Wilford 2-year Term: Prado	3rd Tuesday	5:30 p.m.	12	2 hours
Donner Summit Public Utility District Julie Bartolini	2	Must reside and be a registered voter within the Donner Summit PUD boundaries.	4	Monthly allowance equivalent to the premium paid by the District to its employees for their healthcare plan corresponding to each Director's age. This benefit is for individual Directors and does not include spouses or dependents.	President- $300.00 per regular board meeting. Vice President- $275.00 per regular board meeting. Directors- $250.00 per regular board meeting. $125.00 for special meetings. $4,800.00 maxium annually.	Gamick and Medveczky	3rd Tuesday	6:00 p.m.	12-18	2-3 hours
Sierra Joint Community College District Jene P Hallam	4	Must reside in the Trustee area within the district.	4	Entitled to same level of benefits offered to employees "Cafeteria Plan"	$441.00 maximum monthly stipend – paid only meeting attended and prorated by the number of meetings.	Candidates must file in four counties – Placer, Nevada, Sacramento and El Dorado. Area 1 – Bob Romness, Area 2 – Paul Bancroft, Area 5 – Cari Dawson Bartley, Area 6 – Nancy Palmer	2nd Tuesday	4:00 p.m.	13	3 hours
Truckee Donner Public Utility District Shanna Kuhlemier	2	Permanent resident of Nevada or Placer County	4	Medical, dental, vision, prescription - for self, spouse, family; Section 125 plan.	$400 per month- regardless of number of meetings.	Shanna Kuhlemier has a booklet for any candidate about the District. Tony Laliotis and Paul Warmerdam	1st and 3rd Wednesday	6:00 p.m.	15	1-3 hours
Truckee Donner Recreation and Park District Brandon Perry	4	Must be a registered voter in our District (i.e., live or own property in our District).	***2 or 4	Use of District facilities, 20% off contract classes and District programs, quarterly pool pass, West End Beach pass, use of rental tables and chairs, (for Board member and immediate family).	We pay $100 per meeting; normally meet once a month.	2 year terms Kates and Hansford, 4 year terms Werbel and York	4th Thursday	6:00 p.m.	18	2-3 hours
Truckee Sanitary District Liz Coombs	3	Registered voter within the district.	4	Medical, Dental, Vision, Deferred Comp	$250 per meeting	Sweet, Gilmore and Van Gundy	3rd Thursday	6:00 p.m.	16	2 hours
North Tahoe Fire Protection District Kelly McElravey	2	Must be a registered voter and reside within the geographical area of the seat he/she is running for.	4	Paid health insurance	$20.00 per meeting	Russ Potts, Trustee Area 2, and Luke Regan, Trustee Area 4	3rd Wednesday	4:30 p.m.	12	2 hours
North Tahoe Public Utility District Marianne Potts	2	Must be a registered voter and resident of the District to run for office. All board members are elected at large.	4	The District offers payment of the Directors' medical/dental premiums for them and qualifying dependents. Benefits are the same as employees.	$400 per month.	We have three Director's seats open in the 2016 election, currently held by Sue Daniels and S. Lane Lewis.	2nd Tuesday	2:00 p.m.	20	4 hours
Tahoe City Public Utility District Terri Viehmann	2	Resident and registered voter in the TCPUD. All board members are elected at large.	4	Directors and their families are eligible for fully paid health insurance. Actual business and travel expenses in connection with official duties are reimbursed at cost.	$400 per month stipend.	Directors work flexible schedules and typically devote 8-12 hours per month of official duties. John Pang and Dan Wilkins	3rd Friday	8:30 a.m.	24	4 hours
Squaw Valley Public Service District Kathy Obayashi-Bartsch	2	Must be a registered voter within District boundaries.	4	None	$600 per month & up to $6,000 per year reimbursement for eligible medical expenses for Directors/family	2 seats up for election - Hudson,Cox Candidate flier available in June	Last Tuesday	8:30 a.m.	16	4 hours
The Town of Truckee Judy Price	3	Must be a resident of the Town of Truckee. Must be a registered voter in the Town.	4	Ability to purchase benefits on the Town's plan.	$645 per month- regardless of number of meetings.	Goodwin, Wallace Dee and Flora. Candidate's handbook available from Judy Price.	2nd and 4th Tuesday	6:00 p.m.	36	3 hours

ABD-04 Board of Directors Qualifications

PURPOSE:

To provide a written list of qualifications for prospective candidates ~~seeking~~who would like to run for a seat on the hospital board of directors or for the hospital board of directors to use when, in the event of a vacancy, it must appoint a new board member.

POLICY:

A. ~~A candidate must be registered to vote and reside in the District. (Health & Saf. Code, § 32100.)~~Must be a registered voter. Health and Safety Code 32100
The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board.

B. Must reside in the District. Health and Safety Code 32100
The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board

~~A.~~C. ~~A candidate may~~Must not have been convicted of a felony. Government Code 1021

~~———~~A person is disqualified from holding any office upon conviction of designated crimes as specified in the Constitution and laws of the State. ~~(Gov. Code, § 1021.) Those include:~~

~~1. Conviction of a felony or of any offense involving a violation of his or her official duties. (Gov. Code, § 1770, subd. (h); Cal. Const. art. VII, § 8, subd. (a).)~~

1. ~~Conviction of any felony involving accepting or giving, or offering to give, any bribe, the embezzlement of public money, extortion or theft of public money, perjury, or conspiracy to commit any of those crimes (Elec. Code, § 20, subd. (a); Gov. Code, § 1021.5, subd. (a).)~~Within the meaning of Const. Art. 20, § 11, Govt. Code §§ 1770(h), 3000 and this section, a conviction consists of a jury verdict or court finding of guilt followed by a judgment upholding and implementing such verdict or finding, and the taking of an appeal would not stay or delay the effects of such a conviction.

D. May not possess an ownership interest in another hospital serving the same area in the District. Health and Safety Code 32110.

1. Except as provided in subdivision (~~3), below, a candidate may not either (i) possess an ownership interest in another~~d) of Section 32110, no person who is a director, policymaking, management employee or medical staff officer of a hospital owned or operated by a district shall do either of the following:

a. Possess any ownership interest in any other hospital serving the same area as that served by the ~~District's hospital; or (ii) serve as~~district hospital of

which the person is a director, policymaking management employee or medical staff officer.

b. Be a director, policymaking management employee, or medical staff officer of any hospital serving the same area as the ~~District's~~area served by the district hospital. ~~(Health & Saf. Code, § 32110, subd. (a)(1).)~~

~~B.~~2. For purposes of this section ~~C~~, a hospital shall be considered to serve the same area as ~~the District's~~a district hospital when more than five percent (5%) of the hospital~~'~~'s patient admissions are residents of the ~~District. (Health & Saf. Code, § 32110, subd. (b).)~~district.

~~C.~~3. For purposes of this section ~~C~~, the possession of an ownership interest, including stocks, bonds, or other securities by the spouse, registered domestic partner, or minor children or any person shall be deemed to be the possession or interest of the ~~candidate. (Health & Saf. Code, § 32110, subd. (c).)~~person.

4. No person shall serve concurrently as a director or policymaking management employee of ~~the District~~a district and as a director or policymaking management employee of any other hospital serving the same area as the ~~District~~district, unless the boards of directors of the ~~District~~district and the hospital have determined that the situation will further joint planning, efficient delivery of health care services and the best interest of the areas served by their respective hospitals, or unless the ~~District~~district and the hospital are affiliated under common ownership, lease or any combination thereof. ~~(Health & Saf. Code, § 32110, subd. (d).)~~

E. Candidate for Director must disclose on the ballot occupation and place of employment if s/he has stock in or works for a health care facility that does not serve the same area served by the District. Health and Safety Code 32110(e).

~~D.~~1. ~~A~~Any candidate who elects to run for the office of member of the board of directors of ~~the District~~a district, and who owns stock in, or who works for any health care facility that does not serve the same area served by the ~~District~~district in which the office is sought, shall disclose on the ballot his or her occupation and place of employment. ~~(Health & Saf. Code, § 32110, subd. (e).)~~

~~E. A candidate may not be financially interested in any contract made by them in their official capacity as an officer of the District. (Gov. Code, § 1090, subd. (a).)~~

F. ~~A candidate may~~May be a physician and provide services to the District under certain circumstances. ~~(~~Health ~~& Saf.~~and Safety Code~~, §~~ 32111.~~)~~

~~G.~~1. A member of ~~the District's~~a health care district's medical or allied health professional staff who is an officer of the ~~District~~district shall not be deemed to be "financially interested," for purposes of Section 1090 of the Government Code, in any of the contracts set forth in subdivision (b) made by any district body or board of which the officer is a member if all of the following conditions are satisfied: ~~(Health & Saf. Code, § 32111, subd. (a).)~~

a. The officer abstains from any participation in the making of the contract.

b. The officer~~'~~'s relationship to the contract is disclosed to the body or board and noted in its official records.

c. If the requirements of paragraphs (~~a~~1) and (~~b~~2) are satisfied, the body or board does both of the following, without any participation by the officer:

i. Finds that the contract is fair to the ~~District~~district and in its best interest.

ii. Authorizes the contract in good faith.

~~H.~~2. Subdivision ~~(2)~~6.1 shall apply to the following contracts ~~(Health & Saf. Code, § 32111, subd. (b))~~:

a. A contract between the ~~District~~district and the officer for the officer to provide professional services to the ~~District'~~district's patients, employees or medical staff members and their respective dependents, provided that similar contracts exist with other staff members and the amounts payable under the contract are no greater than the amounts payable under similar contracts covering the same or similar services.

b. A contract to provide services to covered persons between the ~~District~~district and any insurance company, health care service plan, employer or other entity that provides health care coverage, and that also has a contract with the officer to provide professional services to its covered persons.

c. A contract in which the ~~District~~district and the officer are both parties, if other members of the ~~District'~~district's medical or allied health professional staff are also parties, directly or through their professional corporations or other practice entities, provided the officer is offered terms no more favorable than those offered any other party who is a member of the ~~District'~~district's medical or allied health professional staff.

~~I.~~3. ~~Subdivisions (2) and (3) do~~This section does not permit an otherwise prohibited ~~candidate~~individual to be a member of the board of directors of ~~the District~~a district, including, but not limited to ~~(Health & Saf. Code, § 32111, subd. (c)):~~

~~a. A candidate barred under sections C – D above.~~

~~b. An employee of the District (Gov. Code, § 53227, subd. (a)).~~, individuals described in Section 32110 of the Health & Safety Code or in Section 53227 of the Government Code. Nothing in this section shall authorize a contract that would otherwise be prohibited by Section 2400 of the Business and Professions Code.

4. ~~4.~~ For purposes of this section ~~E~~, a contract entered into by a professional corporation or other practice entity in which the officer has an interest shall be deemed the same as a contract entered into by the officer directly.

G. May not be an employee of the District. Government Code 53227.

1. An employee of a local agency may not be sworn into office as an elected or appointed member of the legislative body of that local agency unless he or she resigns as an employee. If the employee does not resign, his or her employment shall automatically terminate upon his or her being sworn into office.

~~J.~~H. ~~A candidate may~~May not be a Director and simultaneously hold another ~~incompatible public office. (Gov. Code, § 1099, subd. (a).)~~

~~—~~public office. Government Code 1099.

1. A public officer, including, but not limited to, an appointed or elected member of a governmental board, commission, committee or other body, shall not simultaneously hold two public offices that are incompatible. Offices are incompatible when any of the following circumstances are present, unless simultaneous holding of the particular offices is compelled or expressly authorized by law:

    a. Either of the offices may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over the other office or body. ~~A member of a multimember body holds an office that may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over another office when the body has any of these powers over the other office or over a multimember body that includes that other office.~~

    b. Based on the powers and jurisdiction of the offices, there is a possibility of a significant clash of duties or loyalties between the offices.

    c. Public policy considerations make it improper for one person to hold both offices.

2. When two public offices are incompatible, a public officer shall be deemed to have forfeited the first office upon acceding to the second. This provision is enforceable pursuant to Section 803 of the Code of Civil Procedure.

~~K.~~3. ~~3.~~ This section ~~F~~ does not apply to a position of employment, including a civil service position that does not constitute a public office. ~~(Gov. Code, § 1099, subd. (c).)~~

4. This section ~~F~~ shall not apply to a governmental body that has only advisory powers. ~~(Gov. Code, § 1099, subd. (d).)~~

5. For purposes of paragraph (1) of subdivision (a), a member of a multimember body holds an office that may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over another office when the body has any of these powers over the other office or over a multimember body that includes that other office.

~~L.~~I. ~~A~~As a Director, you may not make, participate in making or in any way attempt to use ~~his or her~~your position as a Director to influence a decision of the District when ~~the Director knows or has a~~you know or have a reason to know that you have a financial interest in the decision. Government Code 87100

~~———~~No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know ~~that the Director~~he has a material financial interest ~~in the decision~~ distinguishable from its effect on the public generally. ~~(Gov. Code, § 87100.)~~

J. When you are a director, neither you nor the District may make any contract you are financially interested in. Government Code 1090.

~~M.~~1. Members of the Legislature, state, county, district, judicial district, and city officers or employees shall not be financially interested in any contract made by them in their official capacity, or by any body or board of which they are members. Nor shall state, county, district, judicial district, and city officers or employees be purchasers at any sale or vendors at any purchase made by them in their official capacity.

Related Policies/Forms: Conflict of Interest Policy ABD-7

References:

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

ABD-04 Board of Directors Qualifications

PURPOSE:

To provide a written list of qualifications for prospective candidates who would like to run for a seat on the hospital board of directors or for the hospital board of directors to use when, in the event of a vacancy, it must appoint a new board member.

POLICY:

A. Must be a registered voter. Health and Safety Code 32100
The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board.

B. Must reside in the District. Health and Safety Code 32100
The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board

C. Must not have been convicted of a felony. Government Code 1021

A person is disqualified from holding any office upon conviction of designated crimes as specified in the Constitution and laws of the State.

1. Within the meaning of Const. Art. 20, § 11, Govt. Code §§ 1770(h), 3000 and this section, a conviction consists of a jury verdict or court finding of guilt followed by a judgment upholding and implementing such verdict or finding, and the taking of an appeal would not stay or delay the effects of such a conviction.

D. May not possess an ownership interest in another hospital serving the same area in the District. Health and Safety Code 32110.

1. Except as provided in subdivision (d) of Section 32110, no person who is a director, policymaking, management employee or medical staff officer of a hospital owned or operated by a district shall do either of the following:

   a. Possess any ownership interest in any other hospital serving the same area as that served by the district hospital of which the person is a director, policymaking management employee or medical staff officer.

   b. Be a director, policymaking management employee, or medical staff officer of any hospital serving the same area as the area served by the district hospital.

2. For purposes of this section, a hospital shall be considered to serve the same area as a district hospital when more than five percent (5%) of the hospital's patient admissions are residents of the district.

3. For purposes of this section, the possession of an ownership interest, including stocks, bonds, or other securities by the spouse, registered domestic partner, or minor children or any person shall be deemed to be the possession or interest of the person.

4. No person shall serve concurrently as a director or policymaking management employee of a district and as a director or policymaking management employee of any other hospital serving the same area as the district, unless the boards of directors of the district and the hospital have determined that the situation will further joint planning, efficient delivery of health care services and the best interest of the areas served by their respective hospitals, or unless the district and the hospital are affiliated under common ownership, lease or any combination thereof.

E. Candidate for Director must disclose on the ballot occupation and place of employment if s/he has stock in or works for a health care facility that does not serve the same area served by the District. Health and Safety Code 32110(e).

1. Any candidate who elects to run for the office of member of the board of directors of a district, and who owns stock in, or who works for any health care facility that does not serve the same area served by the district in which the office is sought, shall disclose on the ballot his or her occupation and place of employment.

F. May be a physician and provide services to the District under certain circumstances. Health and Safety Code 32111.

1. A member of a health care district's medical or allied health professional staff who is an officer of the district shall not be deemed to be "financially interested," for purposes of Section 1090 of the Government Code, in any of the contracts set forth in subdivision (b) made by any district body or board of which the officer is a member if all of the following conditions are satisfied:

    a. The officer abstains from any participation in the making of the contract.

    b. The officer's relationship to the contract is disclosed to the body or board and noted in its official records.

    c. If the requirements of paragraphs (1) and (2) are satisfied, the body or board does both of the following, without any participation by the officer:

        i. Finds that the contract is fair to the district and in its best interest.

        ii. Authorizes the contract in good faith.

2. Subdivision 6.1 shall apply to the following contracts:

    a. A contract between the district and the officer for the officer to provide professional services to the district's patients, employees or medical staff

members and their respective dependents, provided that similar contracts exist with other staff members and the amounts payable under the contract are no greater than the amounts payable under similar contracts covering the same or similar services.

b. A contract to provide services to covered persons between the district and any insurance company, health care service plan, employer or other entity that provides health care coverage, and that also has a contract with the officer to provide professional services to its covered persons.

c. A contract in which the district and the officer are both parties, if other members of the district's medical or allied health professional staff are also parties, directly or through their professional corporations or other practice entities, provided the officer is offered terms no more favorable than those offered any other party who is a member of the district's medical or allied health professional staff.

3. This section does not permit an otherwise prohibited individual to be a member of the board of directors of a district, including, but not limited to

4. , individuals described in Section 32110 of the Health & Safety Code or in Section 53227 of the Government Code. Nothing in this section shall authorize a contract that would otherwise be prohibited by Section 2400 of the Business and Professions Code. For purposes of this section, a contract entered into by a professional corporation or other practice entity in which the officer has an interest shall be deemed the same as a contract entered into by the officer directly.

G. May not be an employee of the District. Government Code 53227.

1. An employee of a local agency may not be sworn into office as an elected or appointed member of the legislative body of that local agency unless he or she resigns as an employee. If the employee does not resign, his or her employment shall automatically terminate upon his or her being sworn into office.

H. May not be a Director and simultaneously hold another

1. public office. Government Code 1099. A public officer, including, but not limited to, an appointed or elected member of a governmental board, commission, committee or other body, shall not simultaneously hold two public offices that are incompatible. Offices are incompatible when any of the following circumstances are present, unless simultaneous holding of the particular offices is compelled or expressly authorized by law:

a. Either of the offices may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over the other office or body.

b. Based on the powers and jurisdiction of the offices, there is a possibility of a significant clash of duties or loyalties between the offices.

c. Public policy considerations make it improper for one person to hold both offices.

2. When two public offices are incompatible, a public officer shall be deemed to have forfeited the first office upon acceding to the second. This provision is enforceable pursuant to Section 803 of the Code of Civil Procedure.

3. This section does not apply to a position of employment, including a civil service position that does not constitute a public office.

4. This section shall not apply to a governmental body that has only advisory powers.

5. For purposes of paragraph (1) of subdivision (a), a member of a multimember body holds an office that may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over another office when the body has any of these powers over the other office or over a multimember body that includes that other office.

I. As a Director, you may not make, participate in making or in any way attempt to use your position as a Director to influence a decision of the District when you know or have a reason to know that you have a financial interest in the decision. Government Code 87100

No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a material financial interest distinguishable from its effect on the public generally.

J. When you are a director, neither you nor the District may make any contract you are financially interested in. Government Code 1090.

1. Members of the Legislature, state, county, district, judicial district, and city officers or employees shall not be financially interested in any contract made by them in their official capacity, or by any body or board of which they are members. Nor shall state, county, district, judicial district, and city officers or employees be purchasers at any sale or vendors at any purchase made by them in their official capacity.

Related Policies/Forms: Conflict of Interest Policy ABD-7

References:

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

Tahoe Forest Health System – Job Description

Job Title:	CEO		Job Number:		0001001
Department:	Administration		Reports To:		BOD
Bargaining Unit:	Non-Represented		Benefit Group:		Chief
Codes:	FLSA:	Exempt	EEO:	0	Finance Code 0
Prepared by:	Director, Human Resources		Date:	06/05/2002	
Revised by:	Director, Human Resources		Date:	10/31/2012	
Approved by:			Date:	Click here to enter a date	

SUMMARY:
Directs all functions of the hospital to achieve the mission and vision of the organization in accordance with the overall policies established by the Board of Directors, and in compliance with regulatory guidelines, in order that the strategic objectives of the hospital can be attained; provides leadership and direction in ensuring the efficient, economical, effective utilization of hospital resources to meet the identified needs of the service region through quality medical and health service programs.

ESSENTIAL DUTIES AND RESPONSIBILITIES: include the following:
Assists, counsels, and advises the Board of Directors on the establishment of hospital policies; acts as agent of the Board in carrying out such policies.

Recommends District policy positions regarding legislation, government, administrative operation and other matters of public policy as required.

Assists the Board of Directors in effectively fulfilling their responsibilities by keeping the Board informed, on a monthly basis, of the operating results of the hospital; compares monthly operations to Board approved plans and budgets explaining variances that may arise.

Assists and advises the Board with respect to public District authority and changes in state statutory guidelines and requirements.

Develops appropriate strategic and annual operating plans that document the long and short-term goals and objectives of the District.

Actively pursues and supports the appraisals and development of new programs which could benefit the long-range success and survival of the District.

Establishes concise reporting relationships for all positions and departments in the hospital. Establishes methods which will foster the achievement of hospital goals and objectives and support the efficiency and effectiveness of all operations through proper communication and coordination.

Coordinates all operations with the medical staff, its committee structure and its leadership; demonstrates a proactive and positive relationship with the medical staff.

Ensures a consistency of purpose and mutuality of interest between the operations and bylaws of the medical staff and the policies and bylaws of the District.

Develops and maintains QI and PIP Programs designed to enhance quality and customer satisfaction.

Establishes operating policies and procedures for all departments, delegating specific responsibility for documentation, monitoring, compliance, and reporting or results to subordinates, as required.

Establishes and maintains a comprehensive budgeting program for the hospital. This program includes an appropriate consideration of operational, financial and statistical information needed to efficiently and effectively control all District operations.

Consistently generates sufficient net income to meet established financial goals.

Develops strong marketing and public relations programs.

Ensures the competitive viability and continuance of the hospital marketing plan in the marketplace.

Through various marketing techniques, encourages the development of services which promote District growth and expanded potential constituencies.

Ensures the coordination of Auxiliary and Foundation bylaws and operations with the bylaws and operations of the District.

Establishes a proper, consistent image of the District and its operations.

Personally represents the District to a variety of individuals, community groups, and health industry organizations.

Maintains active professional contacts through local, state and national associations in order to effectively network, as required.

Actively participates in outside programs and community affairs in order to represent the District, as appropriate.

Demonstrates the ability to effectively represent the District at national, state and local meetings, conferences and conventions, as required.

Remains current with national and local issues affecting District administration and their potential impact on the District; serves as a well-informed advisor to the Board of Directors.

Demonstrates System Values in performance and behavior.

Complies with System policies and procedures.

Other duties as may be assigned.

QUALIFICATIONS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. *Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

SUPERVISORY RESPONSIBILITIES:
Carries out supervisory responsibility in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring and training employees; planning, assigning and direction work; appraising performance, rewarding and disciplining employees; addressing complaints and resolving problems.

EDUCATION AND EXPERIENCE:

CEO

Bachelor's degree required. Master's degree ~~(M.A.)~~ in Hospital Administration (MHA) or Business Administration (MBA) or related ~~filed~~ field or Doctoral degree (Ph.D.) preferred. Minimum of five years experience in ~~h~~Health Care Administration.

LICENSES, CERTIFICATIONS:
Required: Valid drivers license
Preferred: None

OTHER EXPERIENCE/QUALIFICATIONS:
Current membership in professional organization preferred (e.g. H.F.M.A., A.C.H.E.).

COMPUTER/BUSINESS SKILLS:
Ability to use office machines. Demonstrated ability to use word processing and other Microsoft Office programs.

LANGUAGE SKILLS:
Ability to read, analyze, and interpret the most complex documents. Ability to respond effectively to the most sensitive inquiries or complaints. Ability to write speeches and articles using original or innovative techniques or style. Ability to make effective and persuasive speeches and presentations on controversial or complex topics to top management, public groups, and/or boards of directors.

MATHEMATICAL SKILLS:
Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, rations, and proportions to practical situations.

PURPOSE OF CONTACTS:
The purpose is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Work at this level involves active participation in conferences, meetings, hearings or presentations involving problems or issues of considerable consequence or importance.

REASONING SKILLS:
Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

Patient Ages
All Ages

Physical Demands

Ability to:		Lift/Carry	
Stand	O	Up to 10 lbs	O
Walk	O	Up to 25 lbs	O
Sit	F	Up to 50 lbs	N
Handling/Dexterity	F		

Hearing

Ability to hear	F

CEO

Vision

Near	F	Distance	O	Color	O
Peripheral	F	Depth Perception	F		

Protective Equipment

Ability to wear Personal Protective Equipment (PPE) N

Environmental Exposures

Will Occasionally Be Exposed to Outside weather conditions

Work Environment

Quiet noise level

Definitions:

N (Never)	Occupation requires this activity 0 hours
O (Occasionally)	Occupation requires this activity up to 3 hours
F (Frequently)	Occupation requires this activity 3-6 hours
C (Constantly)	Occupation requires this activity 6-8+ hours

I have read and received a copy of this job description:

Print Name	Signature	Date

Tahoe Forest Multi Specialty Clinic – IM/Cardiology Remodel

Town of Truckee Permit # 2018-00000198

Project Summary

Address: 10978 Donner Pass Road Truckee, CA 96161
Project Name: Tahoe Forest Multi Specialty Clinic – IM/Cardiology Remodel

Summary The Tahoe Forest IM/Cardiology Remodel Project consist of removing an existing workroom and training area including an existing I.T. storage unit. The construction of the 891 square feet will include 3 new exam rooms, M.D./M.A. work area and a new I.T. closet. Additionally an existing restroom and vital station will be upgraded to be ADA compliant.

Project Size: 891 square feet

1. **Purpose of the Project.** The purpose of this project is to add 3 new exam rooms with adjacent M.D./M.A. work space to facilitate needed clinic space. ADA upgrades are also included to meet current standards.

End of Summary

GENEY/GASSIOT, INC.
CONSTRUCTION

May 24, 2018

TAHOE FOREST HOSPITAL DISTRICT

Multi Specialty Clinic - IM / Cardiology Remodel Project

STAFF RECOMMENDATIONS ON BIDS / CONTRACTS

Action #1: Geney-Gassiot, Inc. recommends that the Board of Directors award the following contracts:

- Kawcak Masonry for masonry.
- Western Partitions for drywall, ACT, stucco and painting.
- Sac Valley Electric for electric.
- Intech Mechanical for plumbing, HVAC, test/balance.
- BT Mancini for flooring.
- JB Fire for fire suppression.

Action #2: Geney/Gassiot, Inc. requests authorization to dispense with further competitive bidding, and the authority to solicit proposals for Division 6 Casework, Division 8 Doors / Windows, to fulfill the recommended project budget of $48,330.

RESOLUTION NO. 2018-04
OF
THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT

DETERMINING TO CONSOLIDATE THE HOSPITAL DISTRICT GENERAL ELECTION WITH THE STATEWIDE GENERAL ELECTION AND AUTHORIZING THE CANVASS OF RETURNS BY THE RESPECTIVE BOARDS OF SUPERVISORS OF PLACER AND NEVADA COUNTIES, CALIFORNIA

WHEREAS, Tahoe Forest Hospital District is a Local Heath Care District duly organized and existing under and by virtue of the laws of the State of California, and in particular, Division 23 of the California Health and Safety Code, and Tahoe Forest Hospital District comprises, within its exterior boundaries, territory in the counties of Placer and Nevada; and

WHEREAS, pursuant to Section 32100.5 of the California Health and Safety Code, a General Election is to be held in said District on November 6, 2018 for the purpose of electing members of the Board of Directors of said District; and

WHEREAS, said election shall be to fill vacancies for the following Board Members whose terms will expire on Friday, December 7, 2018:

Dale Chamblin	Regular Term
Charles Zipkin	Regular Term
Mary Brown	Regular Term

WHEREAS, California Elections Code Section 10509 permits each candidate to prepare a candidate's statement and the Board of Directors to require each candidate to pay for the publication of his/her statement and to limit the number of words in each statement; and

WHEREAS, California Elections Code Section 10400, et seq. authorizes the canvass of said election returns by the Boards of Supervisors respectively of Placer and Nevada Counties;

NOW, THEREFORE, BE IT RESOLVED BY, AND THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT DOES HEREBY DETERMINE, AS FOLLOWS:

1. That the Tahoe Forest Hospital District General Election in November 2018 for the purpose of electing three (3) persons to the Board of Directors thereof be consolidated and held with the statewide general election on November 6, 2018.

2. That the three (3) positions to be filled at such election be designated as follows:
   Dale Chamblin – At Large – 4 Year Term
   Charles Zipkin – At Large – 4 Year Term
   Mary Brown – At Large – 4 Year Term

   That the candidate is to pay for the publication of the candidate's statement, pursuant to Elections Code Section 13307. The limitation on the number of words that a candidate may use in his/her candidate's statement is 200 words.

3. That the three (3) candidates for the Board of Directors, receiving the highest number of votes for their respective offices and who have filed the required disclosure statements, shall

be declared elected for their four (4) year terms beginning when first administered the oath of office, and ending when their successors are elected and qualified.

4. That the Boards of Supervisors respectively of Placer and Nevada Counties are hereby requested and authorized to canvass the returns of said election of District officers as to the respective election precincts comprising Hospital District territory with each said county.

5. That a copy of this Resolution shall be sent to the Boards of Supervisors of Placer and Nevada Counties respectively not later than July 3, 2018 for purposes, among others, of notice thereto of said consolidation and authorization to canvass returns.

6. Said District does not request Measure(s) be decided at this election.

7. That the election be conducted by the County Clerk for each county and the county shall prorate the cost of the election back to the District.

8. That there have been no changes to the Tahoe Forest Hospital District boundaries since our last election.

9. In the case of a tie vote, the procedure to be followed is to decide by lot.

Passed and adopted this 24th day of May, 2018 at a meeting of the Board of Directors of Tahoe Forest Hospital District by the following vote:

AYES: _____, _____, _____,
_____, _____
NOES: _____, _____
ABSENT: _____, _____
ABSTAIN: _____, _____

TAHOE FOREST HOSPITAL DISTRICT

BY: _____
Dale Chamblin, President
Board of Directors

ATTEST:

_____
Alyce Wong, Secretary
Board of Directors

194907.1

TAHOE FOREST HOSPITAL DISTRICT

Board Executive Summary

By: Janet Van Gelder, RN, DNP, CPHQ
Director of Quality and Regulations

DATE: May 14, 2018

Rural Center of Excellence

ISSUE:

The Institute of Medicine (IOM, 2001) report noted that the American health care system, both rural and urban, must change in order to provide safe, effective, patient-centered, timely, efficient, and equitable care. The IOM Committee on the Future of Rural Health Care (2005) identified key areas that will need to be addressed to improve the quality of health care in rural communities. The major areas of rural health improvement are the utilization of a systematic approach to improve healthcare service by establishing quality improvement infrastructure; focusing on healthcare professional recruitment, retention, education and training; financial support; and investing in information and communication technology (IOM, 2005).

The UC Davis Rural Center of Excellence (RCE) designation is bestowed upon rural healthcare systems that have demonstrated excellence in clinical care, education, and research (T. N. Nesbitt memo, July 13, 2009). The RCE program may provide a framework for rural healthcare leaders to follow to assist in achieving the IOM (2005) goals for rural America.

BACKGROUND/SUMMARY:

Tahoe Forest Health System was designated as the first University of California, Davis, Health System (UCDHS) Rural Center of Excellence in August 2009 (University of California, 2009). UCDHS has defined a Rural Center of Excellence (RCE) as "rural health care systems that have exhibited excellence in clinical care, research, and education" (T. N. Nesbitt memo, July13, 2009). The framework promotes the integration of telecommunication and information system technology to optimize access with UC Davis programs. In reviewing the literature, UC Davis is the only organization that has developed a Rural Center of Excellence program.

ACTION REQUESTED:

There is no action required. This is an educational presentation.

Rural Center of Excellence

Janet S. Van Gelder, RN, DNP
Director of Quality & Regulations

Institute of Medicine (IOM) Committee on the Future of Rural Health Care

- systematic approach
  - establish quality improvement infrastructure
  - healthcare professional recruitment & retention
  - education and training
  - financial support
  - invest in information and communication technology

(IOM, 2005)

Rural Center of Excellence (RCE)

- framework to achieve the IOM (2005) strategic goals and improve the quality of rural health care
- TFHS designated as the first University of California, Davis Health System Rural Center of Excellence
- "rural health care systems that have exhibited excellence in clinical care, research, and education" (T. N. Nesbitt memo, July 13, 2009)

RCE Components

Clinical Care

- Joint Commission or an equivalent accreditation
- comprehensive continuous quality improvement process
- quality designations, such as the Baldrige National Quality Program and the Magnet Recognition Program

Education & Training

- commitment to continuing education
- promote a learning environment
- training site for medical students, nursing students, and other health care professionals.

Research

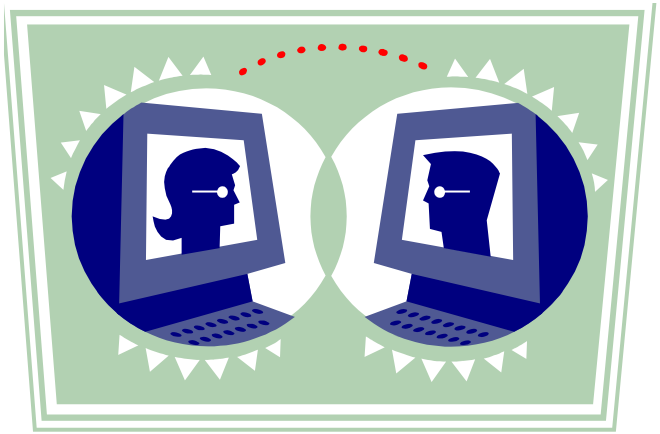
- active participation in clinical research by the medical and nursing staff
- participation in rural health research that advances clinical care and system effectiveness in order to improve rural healthcare delivery

Collaboration with UC Davis

- UC Davis Cancer Care Network
  - Virtual tumor boards (Gastrointestinal, Hematology, Genitourinary, Molecular Oncology, Thoracic, Breast)
  - Clinical trials (104 patients enrolled since 2012)
- Rural-PRIME (Programs in Medical Education)
  - 141 medical students, 31 Physician Assistants, 2 Nurse Practitioners since 2009 (Rotations in Primary Care, OB/Gyn, Pediatrics, General Surgery)
  - 15 Volunteer Clinical Faculty
- Betty Moore School of Nursing
  - 6 MSN student rotations (Rotations in Quality)
  - 1 Volunteer Clinical Assistant Professor

Collaboration with UC Davis (cont.)

- CME/CE presentations
  - teleconference access to Grand Rounds
- Telemedicine program
  - UCD grant monies provided 3 teleconference units
  - PICU (ED), NICU (OB), Specialty access
- Tahoe Institute for Rural Health Research
  - UCD Health System
  - UCD School of Management
  - UNR InNEVation Center



Benefits

- Continuing education
- Access to specialty consultations through the telemedicine program
- Greater availability of UCD specialist referrals
- Participation in research with UC Davis staff and assistance with resources
- Improved ability to recruit and retain medical and clinical staff related to our affiliation

Benefits (cont.)

- Participation in the student training raises the level of physician engagement and knowledge transfer
- Increased utilization of evidence based practice
- Access to the UCD medical library
- Academic resources
- Positive community perception which may increase hospital service utilization

University of California, Davis Rural Center of Excellence

Questions

References

- Institute of Medicine (2005). *Quality through collaboration: The future of rural health.* Retrieved May 10, 2018 from https://www.nap.edu/download/11140
- Nesbitt, T.N. (2009). Designation of UC Davis Rural Centers of Excellence. Memorandum to Claire Pomeroy, MD, MBA, Executive Vice Chancellor & Dean, July 13, 2009.

MEMORANDUM

DATE: July 13, 2009

TO: Claire Pomeroy, MD, MBA, Executive Vice Chancellor & Dean

FROM: Thomas N. Nesbitt, MD, MPH, Associate Vice Chancellor

SUBJECT: Designation of UC Davis Rural Centers of Excellence

Approved 7/13/09

Request for Approval

UC Davis Health System has a long history of engagement and outreach with rural and community-based health systems to advance clinical, educational, and research endeavors. The purpose of this memorandum is to request your approval for the use of the designation UC Davis Rural Center of Excellence (RCE) for rural health care systems that have exhibited excellence in clinical care, research, and education. The intent of the designation is to recognize rural health care systems that have shown leadership is redesigning rural service delivery systems by introducing new rural health care models. The UC Davis Health System intends to work with and encourage the development of new rural models that integrate the provision of quality clinical services, expand the scope of rural clinical practice and services, train the next generation of rural clinicians, incorporate "life-long learning" through continuous quality improvement and continuing education and engage in the advancement of clinical care and service delivery through participation in research. Therefore, the UC Davis Rural Center of Excellence embraces collaborations with UCDHS in the delivery of needed clinical services, student and resident education, and clinical and systems research.

Overview

Rural health care faces significant challenges in delivering quality health care services to rural residents. UC Davis Health System has been in the forefront of supporting these rural and community-based systems to meet the care needs of their patient populations. This includes our pioneering efforts in the use of telemedicine technology, our collaborations with rural and community-based partners in cancer care, continuing education, grant participation, and community-based research. While these efforts clearly benefit our partners and the patients they serve, these health systems make a considerable investment to advance the aims of quality patient care and effective care delivery. The UC Davis Rural Center of Excellence designation would recognize the hard work of a number of our rural and community-based partners in these endeavors.

The awarding of the designation has been reviewed by UCD Legal Counsel and the Associate Director of Public Affairs. David Levine provided verbal consultation stating that the designation does not violate any state or federal regulations or laws and is not inconsistent with University of California Policies. He did caution that the designation was not to be viewed as a "good housekeeping seal" but recognition of the rural and

community-based health system's efforts in the area of clinical care, education/training, and research. Bonnie Hyatt saw no issue with use of the name UC Davis in relationship to the designation and felt that it was a good way of expanding our name recognition and the value of our outreach throughout the broader communities.

What is a Rural Center of Excellence?

The Rural Center of Excellence designation would be given by the Vice Chancellor for Human Health Services to rural and community-based health systems in recognition of the health system's pursuit of the following:

1. Clinical care - used innovative approaches such as telemedicine to provide access to quality health care services and to expand the scope of services available to local residents.
2. Education and Training - engaged in educational activities that create a 'life-long learning" environment and train the next generation of clinicians.
3. Research - encourage participation in research that advances clinical care and system effectiveness.

Designation would allow rural and community-based health care systems to use the name of the designation "UC Davis designated Rural Center of Excellence" in their signage, on letterhead and in other print and visual media. Use of the name and type-face would have to be approved by the UC Davis Department of Public Affairs and be consistent with the UC Davis logo requirements.

What are the criteria to be designated?

Rural and community-based health systems that seek designation must meet the following criteria. If the status of accreditation or engagement in one of the areas changed, designation would be withdrawn.

1. JCAHO or equivalent accreditation
2. Board eligible or certified medical staff requirement
3. Commitment to education
    a. Serves as a training site for medical students, nursing students, other health care professionals for example Rural-PRIME clerkship, residency rotation, etc.
    b. Budget line item for staff development and continuing education
        i. Active CME and CNE functions
4. Commitment to research
    a. Participation in clinical and other research
    b. Medical staff and nursing staff interest and involvement in research
5. Institutional commitment to quality of clinical care
    a. Established, well-functioning CQI process
    b. Medical staff proctoring and reappointment processes
    c. Pursuit of quality designations (ie., Baldridge award, Nursing Magnet Hospital Status etc.)

6. Integration of telecommunication and information system technologies in clinical care, education, and research

Designation Process

The Associate Vice Chancellor for Strategic Technologies and Alliances will recommend to the Vice Chancellor for Human Health Services the health systems that qualify for designation. Rural health systems interested in being designated will submit their request to the UC Davis Regional Affiliations Officer who will forward the request and supporting materials to the RCE designation committee for review and recommendation.

The RCE designation committee includes the following members:

Associate Vice Chancellor, Strategic Technologies and Alliances
Assistant Dean, Interprofessional Programs
Director of the Clinical and Translational Science Center
Program Director of Rural-PRIME
Director of Public Affairs and Marketing
Regional Affiliations Officer

Rural health systems will be asked to submit the following:

1. Evidence of participation in expansion of quality clinical care through the use of telemedicine technology
2. Participation in UC School of Medicine student training, FNP program, evidence of clinical staff participation in UCD grand rounds, CME, CNE
3. Participation in clinical trials and UCD-sponsored grant activities.

A site review may be conducted by the UCD staff as part of the process.

On an annual basis, the Rural Center of Excellence will be asked to submission a report that outlines activities related to the three major categories of Clinical Care, Education/Training, and Research. Key criteria, such as JCAHO or equivalent designation, will also be addressed. The health system's general annual report will suffice as long as these criteria are included.

Eligible Candidates

At the present time only one health system – Tahoe Forest District Hospital – meets the criteria for designation.

Telemedicine - Part II Reimbursement

May 24, 2018

Crystal Betts

Chief Financial Officer

Part I – Board Meeting April 26, 2018

- Presented by Harry Weis, Chief Executive Officer
  1. Executive Summary discussing the high level aspects of Telemedicine
  2. Articles providing overview information about Telemedicine, including pros and cons
  3. Listing of 17 Best Telemedicine Companies, many of which only offer a retail model

Part II – Reimbursement of Telemedicine

- Agenda:
  1. Structure of Telemedicine Programs – How does it work?
  2. Medicare Reimbursement
  3. Medi-Cal Reimbursement
  4. Rural Health Clinic Reimbursement
  5. Private Insurance Payer Reimbursement
  6. Retail Model
  7. Sources

How does it work?

- Telemedicine generally has four distinct areas of application

1. Live Video Conferencing – live, two-way interaction between patient and provider
2. Store and Forward – recorded health history transmitted to a provider who reviews outside of live interaction (Alaska & Hawaii only for Federal Programs, Limited to Ophthalmology and Dermatology for State Programs)
3. Remote Patient Monitoring – personal health and medical data collected from an individual and transmitted to a provider for use in care and support
4. Mobile Health – range of communication from promoting healthy behavior to wide-scale alerts about disease outbreaks.

Reimbursement of the applications varies by federal and state programs, and private insurers

Medicare – Reimbursement, five criteria for payment

1. **Patient was seen from an "originating site"**
   a) Offices of a Physician, Practitioner, or Provider
   b) Hospitals – including Critical Access Hospitals (CAH)
   c) Community Mental Health Centers
   d) Skilled Nursing Facilities (SNF)
   e) Rural Health Clinics (RHC)/Federally Qualified Health Centers (FQHC)
   f) Hospital-based or CAH-based Renal Dialysis Center
2. **Originating site is located in any of the following geographic areas:**
   a) Rural Health Professional Shortage Areas (HPSAs)
   b) Counties located outside Metropolitan Statistical Areas (MSA)
   c) HPSAs located in rural census tracts of MSAs.

Medicare – Reimbursement, five criteria for payment - continued

3. **The encounter was performed at the "distant site" where the health care provider is located. Providers are as follows:**
   a) Physicians
   b) Physician Assistants (PA) and Nurse Practitioners (NP)
   c) Clinical Nurse Specialists
   d) Registered Dietitians or nutrition professionals
   e) Nurse Midwives
   f) Certified Registered Nurse Anesthetists (CRNA)
   g) Clinical Psychologists and Clinical Social Workers*

*Limited on what can be billed or receive payment

4. **The patient was present and the encounter involved interactive audio and video telecommunications that is real-time.**
5. **Type of Service provided is specified as a Medicare Eligible Service. There are approximately 90 codes the are Medicare Eligible Service codes.**

Medicare Reimbursement – Originating Site

1. **Originating Site Fee**
   a) Eligible to receive a Facility Fee, flat reimbursement rate
      i. 2016 Rate - $25.10
      ii. 2017 Rate - $25.40
   b) Separately billable Part B payment

2. **Medicare Provider Specific Reimbursement by Site Type**
   a) RHC: facility fee is paid separately from the RHC all-inclusive rate
   b) CAH: facility fee is 80% of the originating site facility fee

Medicare Reimbursement – Distant Site

1. **Distant Site Clinical Service Fee**
   a) Reimbursement for the health professional delivering the clinical service is the same as the current fee schedule amount for the service provided without telemedicine.
   b) CAH Method II – Reimbursement is 80 percent of the Medicare Physician Fee Schedule
   c) Medicare Eligible Services – approximately 90 codes

2. **UnitedHealthcare Medicare Plans**
   a) Covered for patients under this plan when Medicare coverage criteria are met
   b) Originating Site requirements and allowable Practitioners apply to all telemedicine visits.
   c) Uses same billing codes as Medicare

Medicare Eligible Telehealth Services by Code

CY 2018 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90964

Medicare Eligible Telehealth Services by Code - continued

CY 2018 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90965
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	CPT code 90966
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90967
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2-11 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90968
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12-19 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90969
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older (effective for services furnished on and after January 1, 2017)	CPT code 90970
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443

Medicare Eligible Telehealth Services by Code - continued

CY 2018 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	CPT code 99496
Advance Care Planning, 30 minutes (effective for services furnished on and after January 1, 2017)	CPT code 99497
Advance Care Planning, additional 30 minutes (effective for services furnished on and after January 1, 2017)	CPT code 99498
Psychoanalysis	CPT code 90845
Family psychotherapy (without the patient present)	CPT code 90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	CPT code 90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	CPT code 99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	CPT code 99356

Medicare Eligible Telehealth Services by Code - continued

CY 2018 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	CPT code 99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	HCPCS code G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	HCPCS code G0439
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)	HCPCS code G0508
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)	HCPCS code G0509
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making (effective for services furnished on and after January 1, 2018)	HCPCS code G0296
Interactive Complexity Psychiatry Services and Procedures (effective for services furnished on and after January 1, 2018)	CPT code 90785
Health Risk Assessment (effective for services furnished on and after January 1, 2018)	CPT codes 96160 and 96161
Comprehensive assessment of and care planning for patients requiring chronic care management (effective for services furnished on and after January 1, 2018)	HCPCS code G0506
Psychotherapy for crisis (effective for services furnished on and after January 1, 2018)	CPT codes 90839 and 90840

For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one "hands on" visit (not telehealth) each month to examine the vascular access site.

Medicare Reimbursement Amounts
Distant Site Provider – Physician Fee Schedule

Code	Description	Payment
99201	Office/outpatient visit new	$ 27.53
99202	Office/outpatient visit new	$ 52.01
99203	Office/outpatient visit new	$ 78.37
99204	Office/outpatient visit new	$ 132.73
99205	Office/outpatient visit new	$ 173.30
99211	Office/outpatient visit est	$ 9.52
99212	Office/outpatient visit est	$ 26.17
99213	Office/outpatient visit est	$ 52.89
99214	Office/outpatient visit est	$ 81.07
99215	Office/outpatient visit est	$ 114.54
99218	Initial observation care	$ 102.74
99219	Initial observation care	$ 140.30
99220	Initial observation care	$ 192.23
99221	Initial hospital care	$ 103.73
99222	Initial hospital care	$ 140.68
99223	Initial hospital care	$ 209.08
99224	Subsequent observation care	$ 41.11
99225	Subsequent observation care	$ 75.67
99226	Subsequent observation care	$ 108.55
99231	Subsequent hospital care	$ 40.33
99232	Subsequent hospital care	$ 75.10
99233	Subsequent hospital care	$ 107.59
99234	Observ/hosp same date	$ 137.10
99235	Observ/hosp same date	$ 174.66
99236	Observ/hosp same date	$ 225.43
99238	Hospital discharge day	$ 75.89
99239	Hospital discharge day	$ 112.02
99281	Emergency dept visit	$ 21.59
99282	Emergency dept visit	$ 42.05
99283	Emergency dept visit	$ 62.84
99284	Emergency dept visit	$ 119.15
99285	Emergency dept visit	$ 175.41
99291	Critical care first hour	$ 227.83
99292	Critical care addl 30 min	$ 114.12

Medi-Cal – Reimbursement, criteria for payment

1. **Definition for "originating site"**
   a) Where patient is located at the time health care services are provided via a telecommunications system
   b) Where the asynchronous store and forward service originates
   c) Health care provider at "originating site" must obtain oral consent from patient and document consent in the patient's medical record utilizing required criteria.
   d) All medical information transmitted must become part of the patient's medical record.

2. **Definition for "distant site"**
   a) Where health care provider is located while providing services via a telecommunication system.
   b) Must use interactive audio, video or data communication real-time between patient and health care provider.
   c) Health care provider who has ultimate responsibility for the care of the patient must be licensed in the State of California
   d) Health care provider performing services via telemedicine must be licensed in the State of California and enrolled as a Medi-Cal Provider.

Medi-Cal Reimbursement – Originating Site and Distant Site

1. **Originating Site Fee**
    a) Eligible to receive a Facility Fee, flat reimbursement rate
        i. Fee limited to once per day, same recipient, same provider.
        ii. 2016 Rate - $22.94, remains unchanged for 2018
    b) Transmission Fee for live interactive services
        i. Limited to 90 minutes per day, same recipient, same provider
        ii. 2016 Rate - $0.24 per minute, remains unchanged for 2018

2. **Distant Site Provider Reimbursement**
    a) Same as current fee schedule amount for the service provided without telemedicine.
    b) Selected Evaluation and Management (E&M) services for patient visit and consultations
    c) Selected psychiatric diagnostic interview examination and selected psychiatric therapeutic services
    d) Teledermatology and Teleophthalmology by store and forward
    e) Teledentistry

Medi-Cal Reimbursement Amounts
Distant Site Provider – Physician Fee Schedule

Code	Description	Basic Payment
99201	OFFICE/OUTPATIENT VISIT NEW	$ 22.90
99202	OFFICE/OUTPATIENT VISIT NEW	$ 34.30
99203	OFFICE/OUTPATIENT VISIT NEW	$ 57.20
99204	OFFICE/OUTPATIENT VISIT NEW	$ 68.90
99205	OFFICE/OUTPATIENT VISIT NEW	$ 82.70
99211	OFFICE/OUTPATIENT VISIT EST	$ 12.00
99212	OFFICE/OUTPATIENT VISIT EST	$ 18.10
99213	OFFICE/OUTPATIENT VISIT EST	$ 24.00
99214	OFFICE/OUTPATIENT VISIT EST	$ 37.50
99215	OFFICE/OUTPATIENT VISIT EST	$ 57.20
99221	INITIAL HOSPITAL CARE	$ 34.30
99222	INITIAL HOSPITAL CARE	$ 73.20
99223	INITIAL HOSPITAL CARE	$ 80.10
99234	SUBSEQUENT HOSPITAL CARE	$ 27.50
99232	SUBSEQUENT HOSPITAL CARE	$ 37.80
99233	SUBSEQUENT HOSPITAL CARE	$ 45.80
99234	OBSERV/HOSP SAME DATE	$ 74.70
99235	OBSERV/HOSP SAME DATE	$ 103.50
99236	OBSERV/HOSP SAME DATE	$ 124.60
99238	HOSP DISCHARGE DAY MGMT;30 MIN OR LESS	$ 37.60
99239	HOSP DISCHARGE DAY MAN MORE THAN 30 MIN	$ 53.40
99281	EMERGENCY DEPT VISIT	$ 15.18
99282	EMERGENCY DEPT VISIT	$ 24.38
99283	EMERGENCY DEPT VISIT	$ 44.60
99284	EMERGENCY DEPT VISIT	$ 68.35
99285	EMERGENCY DEPT VISIT	$ 108.08
99291	CRITICAL CARE FIRST HOUR	$ 121.60
99292	CRITICAL CARE ADDL 30 MIN	$ 58.90

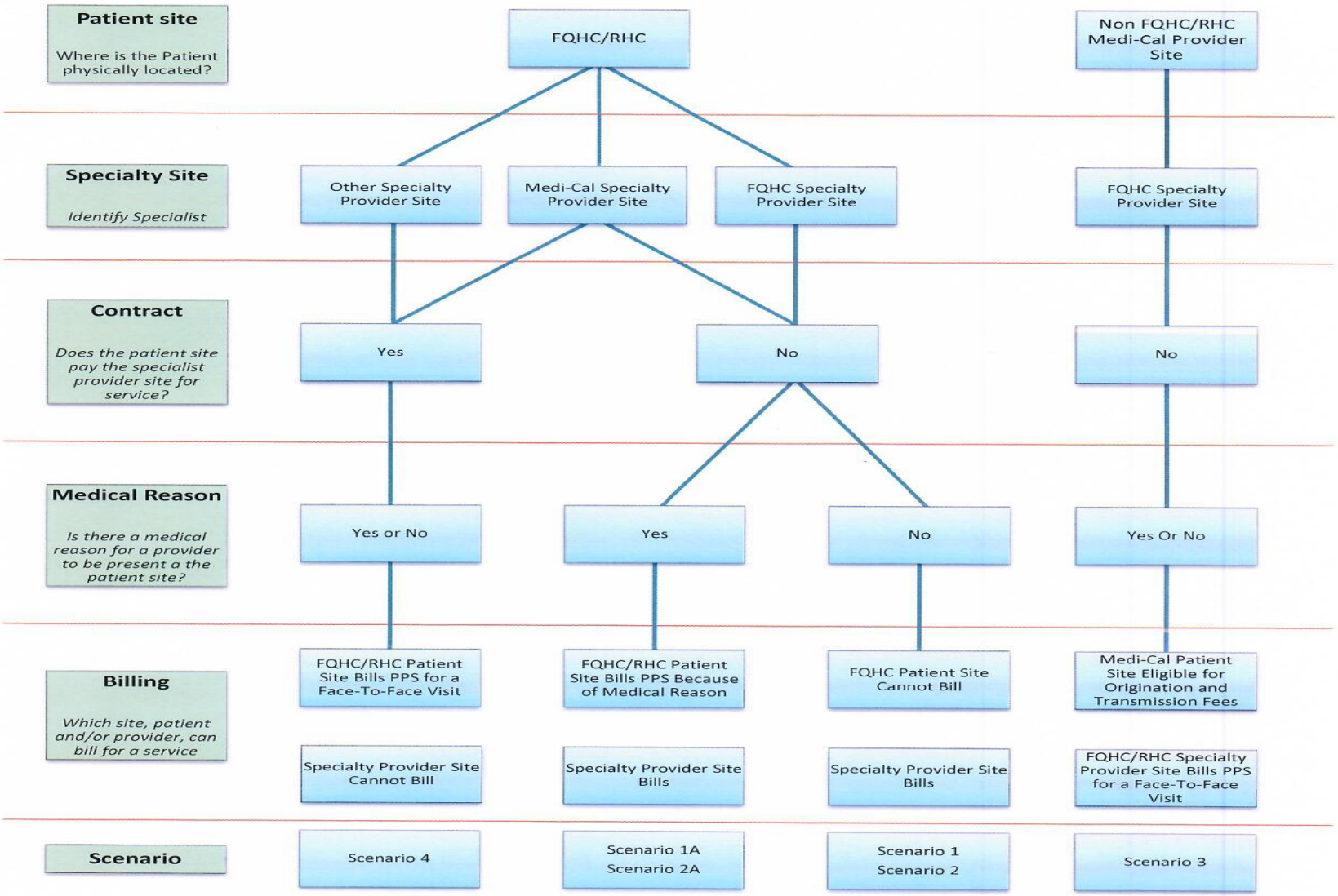
Rural Health Clinics (RHC)

- **Medicare**
  1. Allows RHC to be originating site. Can bill facility fee.
  2. RHC cannot provide services as a distant site.

- **Medi-Cal**
  1. Complex matrix depending on scenario of originating site and provider site.
  2. Does not allow originating site to bill facility fee.
  3. Other provider can participate if medically necessary at originating site, as well as provider site.
  4. See next page for Reimbursement Scenario Summary. Could be reimbursed at different rates
     i. Medi-Cal fee-for-service rate
     ii. RHC all-inclusive PPS rate

FQHC/RHC Reimbursement Scenario

FQHC/RHC Reimbursement Scenario Summary



Other Medi-Cal Type Plans

- Medi-Cal Managed Care Plans, County Medical Services Program (CMSP), Access for Infants and Mothers (AIM), CalPERS Basic Plan (member in rural zip code), Anthem Blue Cross Prudent Buyer PPO (member in rural zip code)
- Limits participation in its telemedicine programs to members of the Blue Cross Open Access Network or the California Health and Wellness network. All originating and distant sites must be a member of the network.
- Generally no originating site facility fee reimbursement.
- Reimbursement to health professional delivering the service is the same as the current fee schedule for the service provided without telemedicine.

Private Insurance Payers

- Section 1374.13 of the California Health & Safety Code mandates that private payers reimburse practitioners for synchronous videoconferencing.
- Section 1374.13 of the California Health & Safety Code forbids health plans from limiting reimbursement based on patient setting. Patients receiving care via telemedicine may be located anywhere and physicians will still be reimbursed for remote visits.
- Plans contacted said they do reimburse for telemedicine, but only for the provider service, and only for specific codes. Usually a modifier is required to identify it as a telemedicine service. Contract payment negotiation may be necessary.
- Some plans require the patient to utilize providers within their telemedicine network only.
- Blue Shield has partnered with Adventist Health to provide Telehealth services. Telehealth services are available at about 20 Adventist Health clinics.
- Anthem Blue Cross has limited telemedicine services to the following: Medi-Cal Managed Care Plans, CalPERS Basic Plan, Butte Schools Self-funded Program, California's Valued Trust, Self-Insured Schools of California, University of California.

Retail Model

- Patient pays cash, usually with a credit card, for a real-time interaction with a provider.
- Can be done via web, phone, video, or mobile app. Location of patient does not matter.
- Several examples provided in Telemedicine Presentation Part I at April Board meeting.
- Some insurance plans do support a telemedicine model that allows flexibility for the patient (member) to be in any location talking to a provider. The insurance plans usually utilize a narrow network of providers for that service.
- Some retail vendors of Telemedicine can integrate with facility EMR/EHRs, like EPIC.
- Need to consider liability, consent, and legal medical record documentation.

Sources:

- 2016 Telehealth Reimbursement Guide for California by California Telehealth Resource Center

  http://caltrc.org/wp-content/uploads/2016/04/Reimbursement-Guide-March-2016.pdf

- Telehealth Services, Medicare Learning Network, CMS February 2018

  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

- Rural Health Clinic, Medicare Learning Network, CMS January 2018

  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsht.pdf

- Anthem Blue Cross Website

  https://mediproviders.anthem.com/ca/pages/telehealth.aspx

- Blue Shield website

  https://www.blueshieldca.com/bsca/find-a-provider/telehealth.sp?WT.mc id=otc-mem-telehealthlp-1936

Sources:

- Chiron Health – Telemedicine Regulations in California: What to Know, July 11, 2015 by Andy O'Hara

  https://chironhealth.com/blog/telemedicine-regulations-in-california/

- Telehealth Brief Overview, May 2018, California Health & Wellness, Mark A. Schweyer, BSN, MBA, mschweyer@cahealthwell.com
- Kelly Drosihn, Chancellor Consulting Services

Security and Network Infrastructure Strategy

TFHD needs to implement new security tools and replace aging infrastructure in our network environment.

- TFHD is currently a Cisco customer and is our networking solution provider:
- Pros:
  - Cisco is a market leader and provides good technical support for a price.
  - We are familiar with Cisco.
- Cons:
  - Cisco is very expensive and has large yearly fees called SMARTnet that allow us to upgrade and support their equipment and software solutions.
  - We are facing a 1.8 million dollar network “refresh” to stay on the cisco platform and to purchase their security and management software tools.
  - We will incur an estimated $2,578,575.90 in fees to remain on Cisco over the next 5 years.
  - Overengineering for an organization our size has been an issue.
  - Over the past 3 years we have received poor service and poor solutions from Cisco

Hewlett Packard Enterprise (HPE)

- Hewlett Packard Enterprise has a strong IT portfolio and we have an opportunity to implement their networking solution in place of the network refresh we are facing currently with Cisco
- Pros:
  - The HPE solution will help simplify our network infrastructure.
  - HPE will provide a significant cost savings over the next 5 years and continue to be a lower cost solution for the district beyond the 5 year time frame referenced in this presentation.
  - HPE is currently rated by Gartner as a better solution provider than Cisco
  - Aruba named as 'Leader' in Gartner's Magic Quadrant and tops all six use-cases in Critical Capabilities
- Cons:
  - HPE will be new to our organization and will require training
  - Implementation will take longer since we are replacing the majority of the cisco hardware.

HPE-Aruba Surpasses Cisco For First Time In Critical Capabilities Networking Report, 2017

- Aruba, a Hewlett Packard Enterprise Company, has dethroned Cisco for the first time ever in Gartner's 2017 Critical Capabilities for Wired and Wireless LAN Access Infrastructure report, which scores vendors on a variety of networking capabilities in multiple enterprise use cases.
- In a clean sweep, Gartner gave HPE-Aruba the highest score in each of six network use cases.
- "Aruba is the top-ranked vendor for all use cases," Gartner said in this year's report, which was published Nov. 3, citing Aruba's AirWave network management technology and ClearPass secure network access control technology as "some of the most complete solutions in the market."

Debunking the Myth of the Single-Vendor Network

- Key Findings:
  - Introducing a second vendor into the network infrastructure will have no long-term impact on operational costs for organizations following best practices.
  - Introducing a second networking vendor will reduce total cost of ownership (TCO) for most organizations by at least 15% to 25% over a five-year time frame.
  - Most organizations that introduced a second vendor report a lasting decrease in network complexity, compared with an all-Cisco network.
- Recommendations:
  - Network architects and CIOs must consider alternative network vendors to ensure that they deliver a functional network solution at an appropriate cost point.
  - Network operations teams should invest in multivendor-capable tools to help enable the organization to deal with a second vendor in their infrastructure, and to improve the operational capabilities with their incumbent solution.

Fabbi, M., & Curtis, D. (2018). *Debunking the Myth of the Single-Vendor Network*. *Gartner.com*. Retrieved 23 April 2018, from https://www.gartner.com/doc/1471937/debunking-myth-singlevendor-network

HPE (Aruba) Surpassed Cisco in completeness of Vision via Gartner's magic quadrant.

Implementation

- We will have onsite implementation included with the solution.
- Wrightcore is the implementor for HPE and here are HPE's recommendation that they implement this solution
- Training will be provided for staff on how to use the new hardware and software.

Implementor Credentials: Wrightcore is a Gold rated HPE implementor

- **Sumner County Schools**
  - Complete network refresh of a 30,000 student school system with switching, wireless, ClearPass for access control, and AirWave for management.
- **Siskin Children's Hospital**
  - Hospital wide Aruba wireless refresh and deploying ClearPass.
- **Lee University**
  - Complete wireless refresh of a 5,000 student campus with ClearPass for access control.
- **Cleveland State University**
  - Complete wireless network refresh with 6,000 student campus using ClearPass for access control.
- **Gaylord Marriott**
  - Complete hotel wireless and network deployments at Palms, Texan and Opryland properties. Managed with AirWave and Clearpass for authentication control
- **LakeShore Estates**
  - Aruba Instant wireless deployment in long term health facilities

Bottom Line

- The solutions provided from both vendors will support our environment over the next 5 years.
- Both solutions will provide the critical security and analytics platforms we require.
- We have mitigated risk in both solutions by having certified experts coming on-site to implement either solution.
- Both solutions will require downtime and training.
- The HPE solution will save the district approximately $750,000 over the next five years and more in the long run.

3142 Tiger Run Court ● Suite 113 ● Carlsbad, CA 92010

May 15, 2018

TO: Tahoe Forest Healthcare District (TFHD) Board of Directors

FROM: Karma Bass and Erica Osborne
Via Healthcare Consulting

SUBJECT: Monthly Strategic Planning Project Update

The Tahoe Forest Healthcare District strategic planning process is continuing to move forward. Data collection and analysis for both the environmental market assessment and stakeholder input has concluded and we are in the process of finalizing the materials to be presented at the June 4th Strategic Assessment session. The following are a list of key dates and next steps:

Key dates:

- SPTF Strategic Assessment Session: June 4, 2018, 12:00 – 4:00 pm
- Half-day board review of strategic framework: July 10, 9:00 am – 12:00 pm
- SPTF review of draft plan: (tentative dates) July 30 – Aug 3
- Final SPTF conference call: (tentative dates) August 27 – 31
- Presentation to the full board: Sept 27, 2018

Preparation for the June 4, 2018 Strategic Assessment Session:

- Krentz and Associates has completed the Market Assessment and submitted a draft report for internal review by TFHS executives.
- Via Consulting has completed their analysis of the internal and external stakeholder input and drafted a summary report of key findings. This draft has also been submitted for internal review.
- A pre-reading packet that includes the agenda as well as information on the market assessment and the stakeholder input summary report will be sent out to the members of the Strategic Planning Task Force one week prior to the June 4th Strategic Assessment Session for their review.
- Tracey Camp of Krentz and Associates will be present at the June 4, 2018 Strategic Assessment session to present the market assessment results and answer questions.
- Karma Bass will present key highlights from the summary report and facilitate discussion at the June 4th meeting.

Please let us know if you have any questions or comments. Thank you for entrusting us with this important work.

DRAFT FY2019 CEO Incentive Compensation

Finance 60%
-Meet or exceed budgeted net income or $4,000,000, whichever is higher.

Service 10%
-Meet or exceed 93.76 Patient Satisfaction Scores as highlighted in gain sharing program.

Quality 10%
-Meet or exceed 94.4% in TFH Inpatient Core Measure Rollup.
*** This measure includes the following measure(s)/sets: Immunization (IMM), Perinatal Care of Mothers (PCM), Stroke (STK), Venous Thromboembolism (VTE), Sepsis (SEP) and Acute Myocardial Infarction (AMI).*

Growth 10%
-Exceed annual physician office visits total as of June 30, 2018 by 3,000 for all owned or managed physicians.

People 10%
- Meet or exceed 3.45 on employee engagement survey question 62 – "I have confidence in senior management's leadership."
- Meet or exceed 3.6 on employee engagement survey question 60 – "Senior management's actions support this organization's mission and values."

TAHOE FOREST HOSPITAL DISTRICT

CEO Performance Evaluation

Please evaluate the CEO's performance for each *Key Accountability*. Use the "Comments" section to explain your answers (especially for those which you answered 'Fails to Meet Expectations', 'Meets Minimal Expectations', 'Exceeds Expectations' or 'Don't Know'.) Use space provided to explain evaluation or cite examples; attach additional pages if needed.

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
Financial Management	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ Not Applicable***
In rating the CEO's performance around ***Financial Management* please consider the following:** Achieves financial goals as set by the Board of Trustees. Promotes effective allocation and utilization of resources. Ensures that adequate financial controls are in place to protect the financial health of the organization. Enhances revenue and controls costs to foster achievement of planned operating and total margins.	1	2	3	4	5	N/A
	Comments:					
Quality of Care and Service	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around ***Quality of Care and Service* please consider the following:** Fosters a culture of quality and safety within the organization. Ensures overall hospital-wide quality and compliance programs are actively in place for all services. Gains commitment from entire clinical staff to support hospital's quality improvement initiatives. Maintains organizational focus on delivering customer service that meets the highest patient satisfaction and customer service standards. Ensures that the organization takes measures necessary to promote patient and employee safety.	1	2	3	4	5	N/A
	Comments:					
Human Resource Management	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around ***Human Resource Management* please consider the following:** Provides leadership that allows the organization to attract, retain, motivate and develop a highly qualified workforce. Manages a cohesive executive team to successfully implement organizational objectives. Maintains a good working environment and high employee morale.	1	2	3	4	5	N/A
	Comments:					

Tahoe Forest Hospital District

CEO Performance Evaluation

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
Leadership	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around ***Leadership* please consider the following:** Displays strong leadership in effectively navigating complex challenges facing the organization. Fosters climate that promotes effective decision-making at all levels of the organization. Demonstrates the ability to bring people together and guide them towards a common goal. Promotes and prioritizes high ethical standards for the organization.	1	2	3	4	5	N/A
	Comments:					
Operational and Performance Management	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around ***Operational and Performance Management* please consider the following:** Exhibits understanding of key operating issues while maintaining primary focus on strategic leadership. Takes responsibility for achievement of established organizational goals. Establishes systems for monitoring performance and provides regular reports to the Board of Trustees. Oversees regulatory compliance with local, state and federal standards and takes corrective action when necessary.	1	2	3	4	5	N/A
	Comments:					
Strategic Planning	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around ***Strategic Planning* please consider the following:** Effectively translates the organization's vision and mission into realistic strategic goals and objectives. Develops, communicates and leads implementation of the organization's strategic plan. Ensures that the planning process is effective and that the organization's strategic direction is clear to all staff. Obtains and allocates resources consistent with strategic priorities.	1	2	3	4	5	N/A
	Comments:					

TAHOE FOREST HOSPITAL DISTRICT

CEO Performance Evaluation

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
Board Relations and Communications	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around *Board Relations and Communications* please consider the following: Provides the Board of Trustees with clear and timely information it needs to monitor organizational performance and make good decisions. Builds and maintains effective working relationships with Board members. Keeps Board informed of important developments and issues. Provides the Board of Trustees with on-going educational opportunities.	1	2	3	4	5	N/A
	Comments:					
Physician Relations	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around *Physician Relations* please consider the following: Develops and maintains positive and productive relationships with physicians associated with the organization. Encourages input from physicians; e.g., key operational issues and strategic plan. Develops and implements a Medical Staff development plan consistent with the organization's strategic plan and direction.	1	2	3	4	5	N/A
	Comments:					
External Relations	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around *External Relations* please consider the following: Clearly communicates the vision and mission of the organization to the community and organizational stakeholders. Effectively represents the organization's position to local, state and federal law makers. Ensures the organization participates in the identification of community health needs. Implements programs to appropriately address identified community health needs.	1	2	3	4	5	N/A
	Comments:					

Tahoe Forest Hospital District

CEO Performance Evaluation

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
Professional Development	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
In rating the CEO's performance around *Professional Development* please consider the following: Remains current on healthcare industry changes and trends. Engages in personal and professional development. Attends and serves professional and civic service organizations as an organizational representative. Encourages professional development of employees.	**1**	**2**	**3**	**4**	**5**	**N/A**
	Comments:					
Overall Performance Rating						
Please provide your overall rating of the CEO's performance. Provide your comments in the space below.	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
	1	**2**	**3**	**4**	**5**	**N/A**
	Comments:					
CEO Succession Plan						
Review CEO Succession Plan.	***Fails to Meet Expectations***	***Meets Minimal Expectations***	***Meets Some Expectations***	***Meets Expectations***	***Exceeds Expectations***	***Don't Know/ No Answer***
	1	**2**	**3**	**4**	**5**	**N/A**
	Comments:					

CEO Performance Evaluation

Examples

Please identify any examples of performance that you believe are particularly noteworthy. Explain how the examples illustrate your evaluation above.

Achievements

Please identify any achievements you believe should be recognized.

Improvements Needed

Please note any areas in which the CEO's abilities or performance should be improved.

TAHOE FOREST HOSPITAL DISTRICT

QUALITY COMMITTEE
AGENDA

Tuesday, May 8, 2018 at 12:00 p.m.
Pine Street Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL
Alyce Wong, RN, Chair; Charles Zipkin, M.D., Board Member

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

4. INPUT – AUDIENCE
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. APPROVAL OF MINUTES OF: 02/01/2018 ..... **ATTACHMENT**

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Patient & Family Centered Care (PFCC)

6.1.1. Patient Experience Presentation TIMED ITEM – 12:05 p.m.
Patient will present his story navigating through Tahoe Forest Health System.

6.1.2. Patient & Family Advisory Council Update ..... ATTACHMENT
An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.2. Performance Improvement Initiatives ..... ATTACHMENT
Quality Committee will receive a status report on the Quality Assurance/Performance Improvement Plan (#AQPI-05) priorities for 2018.

6.3. Quality Metric for CEO Incentive Compensation
Committee will discuss and recommend a quality metric for CEO incentive compensation FY2019.

6.4. Annual Quality Assurance/Performance Improvement Report to Board of Directors
Committee will discuss the annual report to the Board of Directors and any recommendations for future reporting.

6.5. Patient Safety ..... ATTACHMENT

6.5.1 Beta HEART Program
Committee will provide an update regarding the Beta Healthcare Group culture of safety program.

6.6. Healthy People 2020 Recognition.....ATTACHMENT
Committee will review the Smart Care California recognition letter for low risk first birth Cesarean section rate.

6.7. Board Quality Education .....ATTACHMENT
Committee will discuss topics for future board quality education. The committee will also review the following articles:

6.7.1. The Joint Commission (2017). The essential role of leadership in developing a safety culture. *Sentinel Event Alert*, 57.

6.7.2. Patient Safety Network (2017). High Reliability. *Patient Safety Primer,* 31.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE
The date and time of the next committee meeting, Thursday, August 9, 2018 at 9:00 a.m. will be confirmed.

9. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.